NORTH CAROLINA COMMUNITY CHILD PROTECTION TEAM

2023 End of Year Report

Foreword

This report attests to the invaluable contributions that local Community Child Protection Teams (CCPTs) make in support of children, youth, and families across our state. The teams demonstrated a keen awareness of the issues facing families in their communities and offered thoughtful commentary on how to enhance the performance and responsiveness of child welfare. They also pointed out what resources CCPTs need in order to build robust local teamwork to safeguard children and families. Their insights and efforts will be vital to instituting an effective system of comprehensive child welfare reform with a focus on both prevention and treatment.

The NC CCPT Advisory Board set the directions for the survey this year and reflected on its findings. The NC Division of Social Services ensured that local teams were aware of the survey and strongly encouraged their participation. The Center for Family and Community Engagement (CFACE) at North Carolina State University, led by Dr. Christopher B. Mayhorn, carried out the survey with Dr. Anna Abate serving as project manager and Helen Oluokun supporting data collection, analyzing results, and preparing this report.

Executive Summary

The report delves into the comprehensive assessment of Child Community Protection Teams (CCPTs) in North Carolina, focusing on their efforts to enhance child welfare at both local and state levels. Through an extensive survey conducted at the end of 2023, CCPTs were queried on various aspects of their operations, including local activities, positive changes observed, recommendations for improvement, and utilization of resources provided by the North Carolina Department of Social Services (NC DSS). The survey gathered insights on strategies devised to address gaps in services, enhance collaboration, improve policies and procedures, and promote community awareness. Additionally, it examined the involvement of Family or Youth Partners within CCPT teams, highlighting challenges and opportunities for their engagement. The findings underscore the importance of continuous evaluation and improvement to safeguard the well-being of children and families across North Carolina.

2023 NC CCPT Survey Summary

Main Survey Questions
The 2023 survey inquired about the following six main questions:

1. Who takes part in the local CCPTs, and what supports or prevents participation?
2. Which cases do local CCPTs review, and how can the review process be improved?
3. How do the local CCPTs enhance maltreatment prevention in their communities?
4. What recommendations do CCPTs have to help prevent or ameliorate child abuse and neglect?
5. What policies, procedures, or practices do CCPTs identify as in need of enhancement in the child protection system?
6. What technical assistance needs do the CCPTs have?

This report has been divided into three main sections, CCPT operations, Citizen Review Panel (CRP) function, and technical assistance needs, to best organize the information gained in response to these six broad questions.

A. CCPT Operations

In summary, 80 of the local teams responded to the survey in 2023. The participating CCPTs encompassed all state regions, county population sizes, economic well-being, and the four Local Management Entities (LMEs)/Managed Care Organizations (MCOs) that provided mental health, developmental disabilities, and substance use services. Eighty-five percent of the responding CCPTs stated that they were “an established team that meets regularly,” higher than in 2022 when 78% of the reporting counties identified themselves as an established team that meets regularly. The increase is most likely due to a shift to more in-person meetings or an adjustment to remote meetings. Overall, the CCPTs as a whole were sufficiently established to make significant contributions to child welfare. Among the responding teams, 75% were combined with their local Child Fatality Prevention Team (CFPT). The percentage of combined teams decreased slightly from the prior year, indicating that the continued prevalence of combining

CCPTs and CFPTs can contribute to state planning on consolidating child maltreatment fatalities. Within the last two years, 95% of teams have maintained their team format.

B. CRP Function

a) Maltreatment Prevention

CCPTs have been actively engaged in enhancing maltreatment prevention within their local communities through various activities, collaborations, and education initiatives. Approximately 75% of CCPT teams reviewed active cases to enhance maltreatment prevention, while 63 teams reported positive changes noticed in their communities as a result of CCPT operations. These changes were driven by maltreatment prevention through community education. Collaborative efforts with agencies such as the Department of Juvenile Justice and local law enforcement, community outreach activities, and partnerships with organizations such as the Firearm Safety Coalition have contributed to positive changes in community welfare. Furthermore, improved collaboration among stakeholders has resulted in more efficient assessments and implementation of services, facilitating prompt interventions to support vulnerable children and families. Collectively, these factors have contributed to a more cohesive and responsive community dedicated to safeguarding the well-being of its youngest members.

b) CCPT Case Reviews

Child maltreatment cases encompass active cases and child fatalities; active cases include near fatalities where child abuse, neglect, or dependency is suspected. In 2023, 64 (81%) of the 80 responding CCPTs reviewed 428 active cases and 28 fatality cases that were suspected to have resulted from abuse or neglect. Among the active cases were 24 infants who were affected by substances and 12 near fatalities. Within each county-size group, there was extensive variation in how many cases they reviewed; smaller counties as a group reviewed the most cases. Further, regarding economic well-being, on average, Tier 3 counties (least distressed) reviewed a higher number of cases. Fifteen counties did not indicate that they reviewed cases; notably, seven of those CCPTs reported they were not an established team or had not met regularly. The survey did not specifically inquire about the reasons why some counties had not reviewed cases and what would have helped them fulfill this role.

c) Case Review Trends and Recommendations

A total of 63 counties provided qualitative responses. The responding CCPTs identified trends in systemic issues and service gaps that need to be addressed to improve child welfare outcomes in their communities. The major findings noted by respondents included correlations between child safety, substance misuse, mental health difficulties, domestic violence, and child maltreatment cases. Several CCPTs indicated limited access to resources addressing the previously mentioned issues as the contributing factors to child welfare issues. Further, many teams noted challenges with language and cultural barriers as an overarching trend when reviewing cases.

CCPTs offered a comprehensive array of recommendations for preventing and addressing child abuse and neglect in their communities. These recommendations stem from their case reviews and observations and span various domains, including mental health and substance use disorder treatment services, community collaboration and support, education and assistance for families, policy reforms and funding allocations, and professional development and training. CCPTs

stressed the importance of holding mental health and substance abuse service providers accountable while advocating for increased access to mental health services, stricter penalties for parental drug use, and better public education initiatives. They also emphasized sustained collaboration with community partners, utilization of resources for essential services, increased education for families, and policy changes to enhance access to services and funding for evidence-based programs. Additionally, CCPTs underscored the need for ongoing professional development and training for healthcare providers, social workers, and other professionals to address various issues, including mandatory reporting protocols and trauma-focused therapy.

d) Reported Limits to Access to Needed Mental Health, Developmental Disabilities, Substance Use Treatment, and Domestic Violence Services and Suggestions for Improvement

Similar to the ranking of services needed for children, the top three ranked services needed for parents were Mental Health (MH) services, followed by Substance Use Disorder (SUD) services, then Domestic Violence (DV) services, and Parenting Education. Fifty-one percent of the responding teams listed MH services for parents as the most needed service. The least ranked services included Transportation, Medical Assistance, and Intellectual/Developmental Disabilities (I/DD) services.

e) Reported Limits to Access to Needed Mental Health, Developmental Disabilities, Substance Use Treatment, and Domestic Violence Services and Suggestions for Improvement

The most cited barriers were limited services or no available services, lack of transportation to services, limited service for youth with dual diagnosis of mental health and substance use issues, and limited finances. The CCPTs commented on some family factors affecting service receipt, such as parents' readiness to participate in services. It is quite likely that family and systemic barriers reflected the complexity of the healthcare system and the challenges in finding services without having health insurance. Thus, the teams were well aware of multiple issues keeping children and families from much needed services.

CCPTs developed strategies to address identified gaps in services and resources, as reported by sixty teams. These strategies focus on collaboration and stakeholder engagement, with efforts directed towards working closely with mental health and substance use disorder treatment providers, county commissioners, and local management entities/managed care organizations (LMEs/MCOs) to advocate for additional funding and improve access to care through resource sharing. Additionally, CCPTs emphasized resource referrals and utilization, policy and program development, and community education and awareness initiatives to bridge gaps in service delivery. These efforts involve referring families to various community resources, developing new programs or policies, and conducting public education campaigns to increase awareness of available resources and services among the community.

f) Review of Local Level Policies, Procedures, or Practices

The survey sought insights on enhancing the local child protection system, particularly focusing on policies, procedures, and practices at the local level. Identified areas for improvement in local policies include enhancing protocols for substance-affected infants, safe sleep practices, and mandatory reporting, as well as reviewing CPS procedures and parental rights. Local procedures

emphasized continuous support for children without immediate placement, adherence to state procedures, timely court hearings, and thorough safety assessments. Practices needing enhancement encompassed child placement options, training for parents with substance use disorders, and community education on various topics. Despite these challenges, nearly 50% of CCPTs highlighted successful practices, including effective collaboration among agencies, implementation of new support programs for families, ongoing education and training, and proactive communication with relevant entities for child safety.

g) Review of State Level Policies, Procedures, or Practices

They survey sought insights on enhancing the state-level child protection system, eliciting a wealth of suggestions spanning policies, procedures, and practices. Proposed enhancements in state policies encompass streamlining documentation, enhancing data collection and sharing, addressing substance use comprehensively, and improving mental health support services for children and youths within the child welfare system. Teams advocated for updated standardized templates, improved inter-county communication, robust policies regarding substance use, and adequate mental and behavioral support for children. State procedure enhancements were recommended to include a more efficient system for reporting abuse, swifter responses for ensuring child safety and placement if possible, ongoing communication among stakeholders, and standardized procedures and training to clarify any policy updates or best practices. State practice enhancements aimed to strengthen preventive services, improve training for DSS staff and community partners, and provide state support to local agencies. One-third of CCPTs noted successful state practices such as RAM initiatives improving access to mental health resources, implementation of Plan of Safe Care policies ensuring infant safety, effective CPS screening policies, and robust collaboration policies facilitating comprehensive decision-making processes within the child welfare system.

h) Local CCPT Recommendations for Improving Child Welfare Services

The survey elicited 148 recommendations from 80 CCPT teams, reflecting a comprehensive approach to enhancing child welfare at both the agency and community levels. Teams emphasized the importance of education, funding, collaboration, and training in preventing child abuse and neglect. These recommendations were categorized into two main sets: Enhanced System and Capacity, and Enhanced Services. Under Enhanced System and Capacity, teams proposed steps including training and education, community awareness and collaboration, and advocating for policy and practice change. Recommendations for Enhanced Services focused on ensuring adequate and equitable services, with an emphasis on funding support and improving services and resources. Teams highlighted the need for more child welfare staff, increased funding for CCPT initiatives, expanded prevention services, additional resources for mental health and substance abuse, and transparent communication between state and county departments. These recommendations underscored a commitment to improving the child welfare system and promoting the well-being of children and families across North Carolina.

C. Technical Assistance

a) Awareness of Trends and Performance

Among the 80 respondents, 52 (65%) stated that their team discussed or had been educated about Child Welfare trends in North Carolina and the Nation, and 37 (46%) reported that their team

was aware of how NC performed in the Federal reviews. Drilling down further, the survey asked, "Is your team aware of your county's performance on the CFSR?" Thirty-nine (49%) respondents said no, and 37 (46%) respondents said yes; four (5%) teams did not respond.

b) Assistance and Training Needs

The survey revealed that a significant portion of CCPT teams in North Carolina did not fully utilize training and support provided by NCDSS, with only 38% indicating they had done so. Moreover, the majority of teams rarely or never requested resources or assistance from NCDSS, suggesting a potential underutilization of available support. To address this, the survey sought to identify areas where teams would benefit most from resources, with training identified as the top priority. Additionally, teams expressed interest in training topics ranging from child safety practices to community engagement, highlighting the diverse needs across different areas of expertise within the teams. Overall, the survey underscored the importance of leveraging available resources and training opportunities to enhance the efficiency and effectiveness of maltreatment case reviews conducted by CCPT teams in North Carolina.

c) Racial Equity in Addressing Local Needs

This year's survey explored local developments that emphasized racially and culturally equitable approach to child welfare. Almost two-thirds of responding teams had not discussed issues of equity in child welfare over the year. Nevertheless, teams identified challenges to racial and cultural equity posed by language and cultural barriers and imbalances in reporting, resources, and services. They also specified strategies to address these challenges to equity. To overcome language and cultural barriers, they sought to increase language services and alleviate cultural hesitancies in accessing services. To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances.

d) Family or Youth Partners

The survey examined the involvement of Family or Youth Partners in local CCPT teams, emphasizing their role as individuals with firsthand experience in the child welfare system. Despite encouragement for their inclusion, only 9% of respondents reported having Family or Youth Partners on their teams, a slight decrease from previous years. This decline contrasts with higher participation rates in earlier years, possibly influenced by changes in how these roles were defined in the survey. NC DSS offered resources and training to support the engagement of individuals with lived experience, but only 15% of teams utilized these offerings, potentially contributing to limited participation. While state legislation does not mandate Family Partner involvement, there are opportunities to promote outreach and engagement to enhance the diversity and effectiveness of CCPT teams.

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North Carolina Community Child Protection Teams (CCPT) 2023 End-of-Year Report

Submitted to the North Carolina Division of Social Services

I. Introduction

The federal Child Abuse Prevention and Treatment Act (CAPTA) mandates that each state maintain Citizen Review Panels (CRPs) to assess the effectiveness of child protection efforts in accordance with the CAPTA State Plan, review child welfare agency policies and practices, and investigate child fatalities and near-fatalities. In North Carolina, the Department of Health and Human Services (DHHS), Division of Social Services (NC DSS) oversees CRPs, currently represented by Community Child Protection Teams (CCPTs), interdisciplinary groups established in 1991 to address child abuse and neglect. These teams review active cases to identify system deficiencies, providing a community-wide approach to child protection. Furthermore, NCDSS is responsible for coordinating CRPs, ensuring compliance with federal mandates. Recent legislation, effective October 2023 (NC SL 2023-134), will restructure CRPs under NC DHHS by January 2025, aiming to enhance child protection efforts statewide. This restructuring seeks to improve the efficacy of CRPs in identifying and addressing gaps in the child protection system, thereby safeguarding vulnerable children more effectively.

This report offers a comprehensive exploration of CCPTs in North Carolina, drawing on insights gleaned from the 2023 survey. With the active participation of 80 local teams, this study provides a detailed examination of the operational dynamics, challenges, and recommendations put forth by CCPTs across the state. Through six main inquiries, the report delves into the diverse activities and initiatives undertaken by CCPTs to safeguard the welfare of children and families, offering valuable insights into the efficacy of current practices and areas for improvement.

Participation patterns and team dynamics are scrutinized, revealing trends in CCPT engagement and operational efficiency. From the prevalence of established teams to the nuances of combined CCPT and Child Fatality Prevention Teams (CFPT), the report sheds light on the organizational structures that underpin effective child protection efforts at the local level. Moreover, the survey provides valuable insights into the collaborative landscape, highlighting the pivotal role of community partnerships, stakeholder engagement, and inter-agency collaboration in bolstering child welfare outcomes.

The report further highlights the core functions of CCPTs, including case reviews and maltreatment prevention efforts. Through qualitative analysis and thematic exploration, it uncovers trends, challenges, and innovations in these critical areas, offering actionable recommendations to enhance child protection strategies. Additionally, the report underscores the importance of equity, inclusivity, and continuous evaluation in addressing systemic disparities and fostering resilient communities dedicated to safeguarding the well-being of their youngest members. By synthesizing the insights and experiences of CCPTs across North Carolina, this

report aims to drive meaningful change and promote the well-being of children and families throughout the state.

This end-of-year report, prepared by North Carolina State University, served as a basis for the formulation of recommendations to NC DSS. North Carolina State University in conjunction with various stakeholders, used the extensive information and ideas from the current and earlier CCPT surveys to develop the recommendations. Table A-1 provides the process and timeline for the CCPT survey and report. The Division had six months to respond in writing to these recommendations. End-of-year reports and state responses to them are available at this link.

II. NC CCPT Advisory Board Survey Results

Main Survey Questions

The 2023 survey inquired about the following six main questions:

1. Who takes part in the local CCPTs, and what supports or prevents participation?
2. Which cases do local CCPTs review, and how can the review process be improved?
3. How do the local CCPTs enhance maltreatment prevention in their communities?
4. What recommendations do CCPTs have to help prevent or ameliorate child abuse and neglect?
5. What policies, procedures, or practices do CCPTs identify as in need of enhancement in the child protection system?
6. What technical assistance needs do the CCPTs have?

This report has been divided into three main sections—CCPT operations, Citizen Review Panel (CRP) function, and technical assistance needs—to best organize the information gained in response to these six broad questions.

A. CCPT Operations

a) Respondent Characteristics

The university distributed the survey to 100 county CCPTs as well as the Eastern Band of the Cherokee Indians, for a possible 101 CCPTs. The survey was completed by 80 CCPTs, although response numbers varied for certain survey items based on the operational status of counties and number of valid responses. A list of the counties of the 2023 responding CCPTs can be found in appended Table A-2.

The 2023 response rate of 80 CCPTs was lower than that of 2022 (88) but fell within the typical response rate compared with previous years (2012 to 2022), which ranged from 71 to 89. The local teams came from all regions of the state and included counties of all population sizes. Specifically, the response rates were 47 (92%) of the 51 small counties, 26 (67%) of the 39 medium counties, and 7 (70%) of the 10 large counties (see appended Table A-3).[1]

[1] Duncan, D.F., Flair, K.A., Stewart, C.J., Guest, S., Rose, R.A., Malley, K.M.D., Reives, W. (2020).

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2, and the 20 least distressed as Tier 3.[2] The local teams came from all Tier designations. The response rates for economic well-being were 30 (75%) of the 40 Tier 1 counties (most distressed), 34 (85%) of the 40 Tier 2 counties, and 16 (80%) of the 20 Tier 3 (least distressed) counties (see appended Table A-4).

In the state of North Carolina, Local Management Entities (LMEs)/Managed Care Organizations (MCOs) are the agencies responsible for providing mental health, developmental disabilities, and substance use treatment services for those who are uninsured. In 2023, the state consolidated the six LMEs/MCOs into four for the 100 counties. The survey included members from all LMEs/MCOs, with member county participation ranging from 83% to 100% (see Table A-5).

b) Survey Completers

To encourage wider input by the local CCPT membership, the survey instructions stated:

- You can print a blank copy of this survey to review with your team, and you will be able to print a copy of your completed survey report when you finish the survey.
- Your team members should have the opportunity to provide input and review responses before your survey is submitted. Please schedule your CCPT meeting so that your team has sufficient time to discuss the team's responses to the survey.

Specifically, the survey asked, "Who completed this survey?" As shown in Table 1, the surveys were primarily completed by the chair on their own (60%) rather than by the team as a whole (9%). The response "other" was selected by nine counties. Of these nine counties, most indicated that the CCPT Chair completed the survey with input from specific team members such as the Co-Chair, Review Coordinator, or simply other team members. The time period available for completing the survey was extended to two and a half months to account for meeting delays due to the various holidays.

Number of CCPTs by Who Completed the 2023 Survey (N = 80)

Table 1. Number of CCPTs by Who Completed the Survey

Status	Number of CCPTs	
The CCPT chair on their own	48	(60.0%)
A designee of the CCPT chair on their own	10	(12.5%)
The CCPT team as a whole	7	(8.8%)
A subgroup of the CCPT team	6	(7.5%)
Other	9	(11.3%)

In summary, the survey encouraged CCPT chairs to seek input from team members regarding their responses. The ability of teams to convene to develop their responses was likely limited by

[2] County Distress Rankings (Tiers) | NC Commerce. (n.d.). Retrieved March 11, 2024, https://www.commerce.nc.gov/grants-incentives/county-distress-rankings-tiers#TierRankingbyCounty-495

the survey being open during holiday months, although an extension was given until January 24, 2024 to those who had not yet submitted a completed survey by the original January 12, 2024 deadline.

c) Team Meetings and Membership

As seen in Table 2, the large majority (85%) of respondents characterized themselves as an "established team that meets regularly." This is seven percentage points higher than in 2022, when only 78% of the reporting counties identified themselves as an established team that meets regularly. The CCPTs that characterized themselves as in a state of reorganization or adjustment included small through large counties.

Number of CCPTs by Status of Establishment as a Team, 2023 (N = 80)

Table 2. Number of CCPTs by Status of Establishment as a Team

Status	Number of CCPTs	
We are an established team that meets regularly	68	(85.0%)
Our team recently reorganized, and we are having regular meetings	4	(5.0%)
We are an established team that does not meet regularly	5	(6.3%)
Our team recently reorganized, but we have not had any regular meetings.	1	(1.3%)
Our team was not operating, but we recently reorganized	1	(1.3%)
Other	1	(1.3%)

CCPTs have the option of combining with their local Child Fatality Prevention Team (CFPT) or keeping the two teams separate. CFPTs are responsible for reviewing cases of child death where maltreatment is not suspected. CCPTs review active cases and child fatalities where death was caused by suspected abuse, neglect, or dependency and where the family had received NC DSS child welfare services within 12 months of the child's death. Of the 79 teams that were established or operating at some capacity, 59 (75%) of the counties had combined teams, and 17 (22%) had separate teams; three counties indicated "Other" to describe their team composition. The percentage of combined teams in prior years has remained relatively stable and ranged from 72%-82%.

This year's survey also included an additional question to investigate the changes in CCPT/CFPT structure. The survey broadly asked, "Within the last two years has your CPPT moved from a separate to combined team, a combined to separate, or we did not change the format?" Seventy-six (95%) of the counties have maintained the same format, whereas three counties (4%) moved from a separate to a combined format. No team moved from a combined to a separate format in the last two years.

d) CCPT Operations Summary

In summary, 80 of the local teams responded to the survey in 2023. The participating CCPTs encompassed all state regions, county population sizes, economic well-being, and the four

LME/MCOs that provided MH/DD/SU services. Eighty-five percent of the responding CCPTs stated that they were “an established team that meets regularly,” higher than in 2022 when 78% of the reporting counties identified themselves as an established team that meets regularly. The increase is most likely due to a shift to more in-person meetings or an adjustment to remote meetings. Overall, the CCPTs as a whole were sufficiently established to make significant contributions to child welfare. Among the responding teams, 75% were combined with their local CFPT. The percentage of combined teams decreased slightly from the prior year, indicating that the continued prevalence of combining CCPTs and CFPTs can contribute to state planning on consolidating child maltreatment fatalities. Within the last two years, 95% of teams have maintained their team format.

B. CRP Function

As CCPTs, state statutes require that teams meet together on a regular basis:
1) to identify gaps and deficiencies in community resources which have an impact on the incidence of abuse, neglect, or dependency
2) to advocate for system improvements and needed resources where gaps and deficiencies exist in the child protection system
3) to promote collaboration between agencies in the creation or improvement of resources for children as a result of their review of selected cases; and
4) to inform the county commissioners about actions needed to prevent or ameliorate child abuse, neglect, or dependency.

a) Maltreatment Prevention

This year’s survey posed a series of questions about the CCPTs’ efforts to enhance maltreatment prevention within their local communities. First, the survey asked, “What local activities has your team done to enhance maltreatment prevention in your community?” These local activities included education, collaboration, and review of active and near fatalities cases, among other activities. As shown in table 3, approximately 75% of CCPT teams reviewed active cases to enhance maltreatment prevention. Next, the survey asked teams, “What positive changes has your community seen based on your CCPT operations?” 63 CCPT teams shared the positive changes noticed in their community.

Number of local activities used for maltreatment prevention

Table 3. Number of local activities used for maltreatment prevention

Local Activity	Number of CCPTs	
Review of Open/Active Cases	59	(73.8%)
Collaboration	44	(55.0%)
Education	42	(52.5%)
Review of Near Fatalities	22	(27.5%)
Other	7	(8.8%)

CCPTs were then provided an opportunity to provide additional information about the types of education provided. A total of 41 counties provided qualitative responses. The themes for maltreatment prevention through community education encompass three main areas:

1. **Child Safety**: Focusing on practices such as safe sleep, car safety, and firearm safety to protect children from potential harm and accidents.
   One team wrote, "Our CCPT has been active in safe sleep campaigning. Making the community aware of the importance of safe sleep." Another team educated their community about child safety by "publish[ing] educational topics to our local newspaper, social media, posters, etc. The topics include safe sleep, water safety, medication safety, and not leaving children in vehicles."

2. **Prevention through Resources**: Providing education and training on available resources for issues like substance use, child abuse, and human trafficking, empowering communities to recognize and address these problems effectively.
   One team wrote, "[we had] info session in Spanish on how to make CPS report and to learn about Family Support Services, Adoption Information Fair, Kinship in Action, Step out against child abuse walk." Another team met to discuss human trafficking, "This meeting focused primarily on sex slave and the growing population of ethical diverse cultures. Topics that were discussed was common signs to look for such as skin tattoos or markings, children unable to distinguish who their parents are, no legal documents, and multiple families residing in one area."

3. **Local, State, and Federal Policies**: Educating major stakeholders about policy and procedure changes at various levels of government to create a safer environment for children and families, ensuring that laws and regulations support maltreatment prevention efforts. One team noted that they discussed "new policy and creating a training about maltreatment and reporting for different entities[.]Truancy/Early Intervention yearly presentation and training at the school. Early Intervention is umbrellaed [sic] under CCPT." While another team, "educate the team regularly on changes in DSS regarding services and policy, i.e. kinship payments, Medicaid Expansion[…]."

Subsequently, CCPT teams were asked to provide information about the local collaborations within their communities. The teams' responses reflect a comprehensive approach involving collaboration, education, community outreach, and specific initiatives to prevent maltreatment and enhance child welfare. Teams engaged in interagency collaboration ("Collaborating with various agencies, including Department of Juvenile Justice, local law enforcement, mental health agencies, etc., to identify areas of neglect or abuse."), community outreach ("Collaborating with the Firearm Safety Coalition to purchase gun safes for families and discuss classes for military spouses on gun safety.") and local partnership to provide education and training to community members ("Partnering with the Juvenile Crime Prevention Council (JCPC) and [County Name] County Child Advocacy Center on various initiatives.")

Lastly, CCPT teams were asked to discuss the positive changes seen in their communities. Collectively, the responses provided highlight the positive changes brought about by CCPT's collaborative efforts in addressing child welfare concerns and promoting the well-being of

families in the community. Based on the positive changes observed in the community because of CCPT operations, five themes emerge:

1. **Enhanced Collaboration and Communication**: This has been achieved through the collaborative sharing of information and the establishment of strong relationships among team members and various agencies. Increased collaboration between county partners and agencies has fostered better communication channels, allowing for a stronger understanding of available services and resources. Overall, collaboration among community agencies has improved working relationships and enhanced the effectiveness of child welfare initiatives.

2. **Community Education and Awareness**: Community education and awareness have led to increased education and training sessions on critical topics like safe sleep, drowning prevention, and child abuse, providing individuals with the information needed to safeguard children's well-being. Moreover, there has been a notable enhancement in awareness levels among various stakeholders, including community members, medical services, schools, law enforcement, and courts. As a result, community members are becoming more educated on issues that pose risks to children, fostering a proactive approach to preventing and addressing child maltreatment challenges.

3. **Resource Accessibility and Support**: An enhancement in resource accessibility and support within the community has aided in the provision of essential services and interventions to families in need. More support has been provided around the CPS assessment process on a local level, including staffing cases, offering feedback, and identifying resources to assist families effectively. Furthermore, there has been a notable increase in the availability of essential resources such as safe sleep materials, car seats, gun locks, and smoke detectors, contributing to the overall safety and well-being of children and families. Additionally, collaboration with medical providers has facilitated access to vital resources like fentanyl test strips and Naloxone, addressing substance misuse concerns in the community.

4. **Reduction in Negative Outcomes:** Teams noted a reduction in negative outcomes related to child welfare, marked by a decrease in reports/cases of child maltreatment and a significant reduction in sleep-related infant deaths and unsafe sleeping fatalities. This positive trend can be attributed to improved communication and initiatives promoting safe sleep practices. The increased availability of resources, such as pack n' plays and gun safes, further equipped families with tools to enhance child safety.

5. **Initiatives and Partnerships**: Several initiatives aimed at enhancing child welfare, including programs like the Strong Fathers program, poverty simulation, Fetal Alcohol Spectrum Disorders (FASD) workshop, and Child Abuse Prevention Month media releases, were introduced. These initiatives aim to address various aspects of child welfare and promote community awareness and engagement. Additionally, partnerships have been established with key agencies such as local LMEs/MCOs, local child advocacy centers, and universities, strengthening the community's ability to support and protect children and families in need.

In summary, CCPTs and their respective communities are proactively addressing child welfare issues. This increased awareness has led to greater involvement from community organizations not traditionally engaged in child protection, broadening the support available to families. Furthermore, improved collaboration among stakeholders has resulted in more efficient assessments and implementation of services, facilitating prompt interventions to support vulnerable children and families. Collectively, these factors have contributed to a more cohesive and responsive community dedicated to safeguarding the well-being of its youngest members.

b) CCPT Case Reviews

According to North Carolina General Statute §7B-1406, CCPTs are to review:

a. Selected active cases in which children are being served by child protective services;

b. and cases in which a child died as a result of suspected abuse or neglect, and

1. A report of abuse or neglect has been made about the child or the child's family to the county Department of Social Services within the previous 12 months, or
2. The child or the child's family received child protective services within the previous 12 months.

The expectation is that CCPTs examine cases of child maltreatment, and, accordingly, the CCPT mandate is different from that of the CFPTs, who are responsible for reviewing additional child fatalities. North Carolina General statute §7B-1401 defines additional child fatalities as "any death of a child that did not result from suspected abuse or neglect and about which no report of abuse or neglect had been made to the county department of social services within the previous 12 months." State statute does not stipulate how many cases CCPTs must review in a calendar year. However, the statute does specify that CCPTs must meet a minimum of four times per year. During these meetings, the teams may opt to review cases. The survey posed a series of questions about the CCPTs' case reviews. These concerned child maltreatment fatalities, active cases of child maltreatment, information used in case reviews, and service needs of the cases.

Child maltreatment cases encompass both active cases and child fatalities. The active cases include near fatalities defined by NC General Statute § 7B-2902 as "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment."

(1) Active Cases

As occurred in previous years, this year's questions regarding child maltreatment fatality cases and near fatality cases have been extensively revised. This year's survey asked, "What is the total number of active cases in which abuse, neglect, or dependency was found did your CCPT review between January and December 2023?" Of the 79 responding counties, 64 (81%) reported having reviewed at least one active case. Overall, the number of cases reviewed ranged from 1-48, with a total of 428 cases being reviewed by counties in 2023. Thus, 15 counties reported not reviewing any active cases.

The survey then asked, "How many of these cases entailed Substance Affected Infants?" Of the 64 counties that indicated they reviewed at least one active case, 24 counties reported instances

where at least one of the active cases under review involved a Substance Affected Infant. The number of active cases reviewed that involved a Substance Affected Infant ranged from 1-2, with a total of 32 active cases with a Substance Affected Infant being reviewed.

Next, the survey asked, "How many of the active cases entailed near fatality?" Of the 64 counties that indicated they reviewed at least one active case, only 12 indicated that one of these cases involved a near fatality. The maximum number of active cases reviewed that involved a near fatality by any of the 12 counties was three, with two counties reviewing three cases, three counties reviewing two cases, and the remaining counties reviewing one case. The low number of near fatalities reviewed demonstrates the need to provide even more clarification to teams about the meaning of the term near fatality to aid in their identification of cases meeting the criteria for this type of case.

Number of Active Case Reviews, 2023

Table 4. Number of Active Case Reviews

Type of Review	Number of CCPTs	Sum of Cases	Minimum of Cases	Maximum of Cases	Mean	SD
Active Cases Reviewed:	64 (81%)	428	1	48	5.42	6.65
Active Cases Reviewed with SAI	24	32	1	2	0.50	0.71
Active Cases Reviewed with Near Fatality	12	19	1	3	0.35	0.65

Note. A case may have more than one type of review. Standard Deviation (SD)

Table 5 displays the total number of cases reviewed when organized by county size. Compared to the large and medium-sized counties, the small counties reviewed the most cases, likely due to the larger number of small counties. Within each county-size group, especially for the medium and large counties, there was extensive variation in how many cases they reviewed.

Number of Active Cases Reviewed by County Size, 2023, (N=64)

Table 5 Number of Active Cases Reviewed by County Size

Size of County	Number of Respondents Reporting Cases	Number of Cases Reviewed	Mean	SD	Range
Small	37 (72.55%)	202	5.46	3.67	1-20
Medium	22 (56.41%)	188	8.55	10.33	1-48
Large	5 (50%)	38	7.60	3.29	1-38

Note: Number of responding counties who reported reviewing an active case and percent of total possible counties of a specific size. Large standard deviations indicate wide variability in the number of cases reviewed. Standard Deviation (SD). Mean, Range, and Standard Deviation include responding counties that indicated zero cases were reviewed.

Table 6 displays the total number of cases reviewed when organized by Economic Well-Being Tier. The most distressed counties reviewed the most cases as a group. However, on average, Tier 2 counties (mid-level distressed) reviewed a lower number of cases than the Tier 1 and Tier 3 counties, which reviewed approximately the same number of cases. Within each county-size group, especially for the Tier 1 and Tier 3 counties, there was extensive variation in how many cases each county reviewed.

Number of Active Cases Reviewed by Economic Well-Being Tier, 2023, (N=64)

Table 6 Number of Active Cases Reviewed by Economic Well-Being Tier

Size of County	Number of Respondents Reporting Cases	Number of Cases Reviewed	Mean	SD	Range
Tier 1 (Most Distressed)	24 (60%)	185	7.71	9.50	2-48
Tier 2	28 (70%)	150	5.36	3.71	1-17
Tier 3 (Least Distressed)	12 (60%)	93	7.75	5.79	2-24

Note: Number of responding counties and percent of total possible counties of a specific tier. Large standard deviations indicate wide variability in the number of cases reviewed. Standard Deviation (SD). Mean, Range, and Standard Deviation include responding counties that indicated zero cases were reviewed.

(2) Fatalities

The 2023 survey then went on to ask, “How many cases in which the fatality was suspected to have resulted from abuse or neglect did your team review?” To avoid duplication in case counts included, the instruction to “not include those done through an Intensive Fatality Review” was also included. Of the 80 CCPTs who responded to this question, only ten CCPTs indicated that they reviewed a fatality case suspected to have resulted from abuse or neglect. The number of fatality cases reviewed that were suspected to have resulted from abuse or neglect ranged from 1-6, with a total of 28 cases.

In summary, child maltreatment cases encompass active cases and child fatalities; active cases include near fatalities where child abuse, neglect, or dependency is suspected. In 2023, 64 (81%) of the 80 responding CCPTs reviewed 428 active cases and 28 fatality cases that were suspected to have resulted from abuse or neglect. Among the active cases were 24 infants who were identified as substance affected and 12 near fatalities. Within each county-size group, there was extensive variation in how many cases they reviewed; smaller counties as a group reviewed the most cases. Further, regarding economic well-being, on average, Tier 3 counties (least distressed) reviewed a higher number of cases. Fifteen counties did not indicate that they reviewed cases; notably, seven of those CCPTs reported they were not an established team or had not met regularly. The survey did not specifically inquire about the reasons why some counties had not reviewed cases and what would have helped them fulfill this role.

c) Case Review Trends and Recommendations

(1) Case Review Trends

The survey then inquired about case trends CCPTs generally observed when conducting local reviews. First, the survey stated, "What were the overarching trends, findings, or conclusions your team identified when reviewing active or fatal cases in which abuse, neglect, or dependency was found? Please be specific when describing (i.e., include the *who*, *what*, *when*, and *where*)." A total of 63 counties provided qualitative responses. The responding CCPTs identified trends in systemic issues and service gaps that need to be addressed to improve child welfare outcomes in their communities. The major findings noted by respondents included correlations between child safety, substance misuse, mental health difficulties, domestic violence, and child maltreatment cases. Several CCPTs indicated limited access to resources addressing the previously mentioned issues as the contributing factors to child welfare issues. Further, many teams noted challenges with language and cultural barriers as an overarching trend when reviewing cases. One team wrote, "Insufficient services catering to specific cultural groups and lack of adequate translation services contribute to accessibility issues."

(2) Case Review Recommendations

Next, the survey asked, "Based on these trends, findings, or conclusions, what were your team's recommendations to help prevent or ameliorate child abuse, neglect? Please be specific when providing the recommendation that your team made (i.e., include the *who*, *what*, *when*, and *where*)." A total of 60 CCPTs provided responses. The recommendations provided by teams reflected a comprehensive approach to addressing various issues related to mental health, substance use, child welfare, community collaboration, advocacy, and professional development.

Teams recommended the following based on their case reviews:

a. **Accountability in Mental Health and Substance Use Treatment Services:** Teams emphasized the importance of ensuring that providers uphold the quality of services outlined in their contracts with insurance providers. Teams advocated for stricter penalties for parents using drugs, especially when such usage results in fatalities, alongside advocating for better public education initiatives and communication channels aimed at supporting families struggling with substance use and behavioral and mental health difficulties, particularly within insurance networks. Lastly, there is a push for increased access to mental health services, with a specific emphasis on supporting parents experiencing trauma-related challenges.

b. **Community Collaboration and Support:** Teams described sustained collaboration with local refugee settlement programs to address concerns before and after settlement. Additionally, partnerships are fostered with schools, law enforcement, and other agencies to comprehensively understand and tackle issues like truancy, juvenile discipline, and gang-related activities. Furthermore, collaboration with various community resources, including churches, schools, law enforcement, and healthcare providers, aims to enhance awareness and

accessibility of services. Teams recommended utilizing community resources for essential services such as grief counseling, nutrition education, mentoring, and intensive in-home support to increase their communities' well-being.

c. **Education and Support for Families:** Teams advised increased education and communication for post-adoptive families, particularly regarding behavioral and adjustment issues across different developmental stages. Teams also proposed that more education on safe sleep practices, substance abuse, and domestic violence for families with infants and young children be provided. Subsequently, a system for referrals for services and continued outreach for communities, including the provision of safe sleep information and resources like car seats and lock boxes be put in place.

d. **Policy Changes and Funding:** Teams advocated for policy changes and funding primarily focused on improving access to mental/behavioral health services, residential treatment programs, and domestic violence programs. Additional recommendations were made for state and local agencies to allocate funds for evidence-based programs, training for mandatory reporting of suspected abuse, trafficking, and residential care and treatment programs.

e. **Professional Development and Training**: Teams recommended a need for initiatives tailored to support healthcare providers, social workers, and other professionals. These include education on fentanyl use, mandatory reporting protocols, and trauma-focused therapy. There's also an emphasis on collaboration with LMEs/MCOs to ensure access to essential services and resources. Respondents encouraged ongoing training for child welfare staff, covering areas such as safety assessments, risk management, and the handling of additional allegations.

d) Reported Services and Resources for Children and/ or youth and Parents or other Caregivers

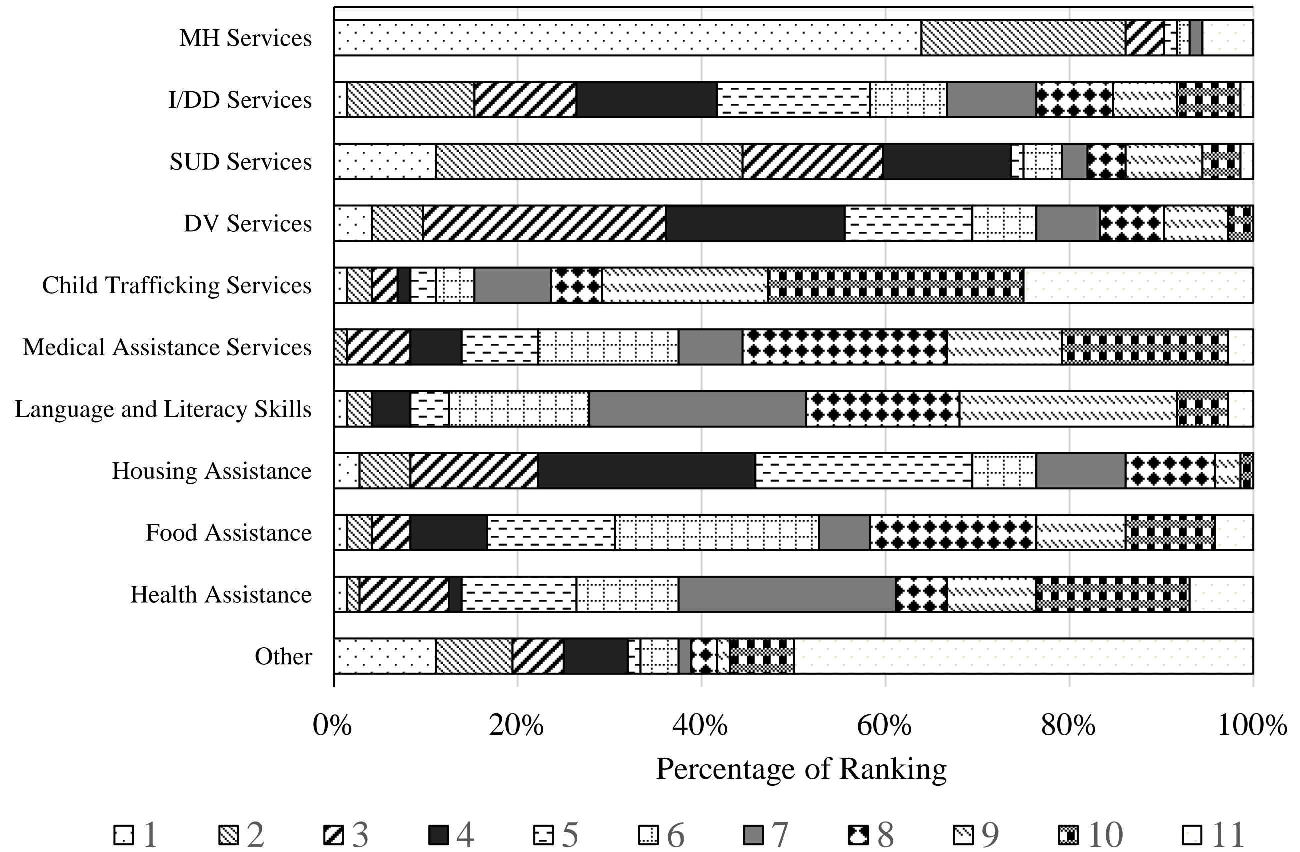
This year's survey asked the CCPTs to rank the need for specific services or resources for both children and/or youth and parent/caregiver from most needed to least needed. Figure 1 summarizes the findings for the children and Figure 2 for the parents or other caregivers. The top three ranked services needed for children were Mental Health (MH) services, followed by Substance Use Disorder (SUD) services, then Domestic Violence (DV) services. Sixty-four percent of the responding teams listed MH services for children as the most needed service. The least ranked services included Transportation/Placement, Child Trafficking services, and Language and Literacy Skills.

Similar to the ranking of services needed for children, the top three ranked services needed for parents were Mental Health (MH) services, followed by Substance Use Disorder (SUD) services, then Domestic Violence (DV) services, and Parenting Education. Fifty-one percent of the responding teams listed MH services for parents as the most needed service. The least ranked

services included Transportation, Medical Assistance, and Intellectual/Developmental Disabilities (I/DD) services.

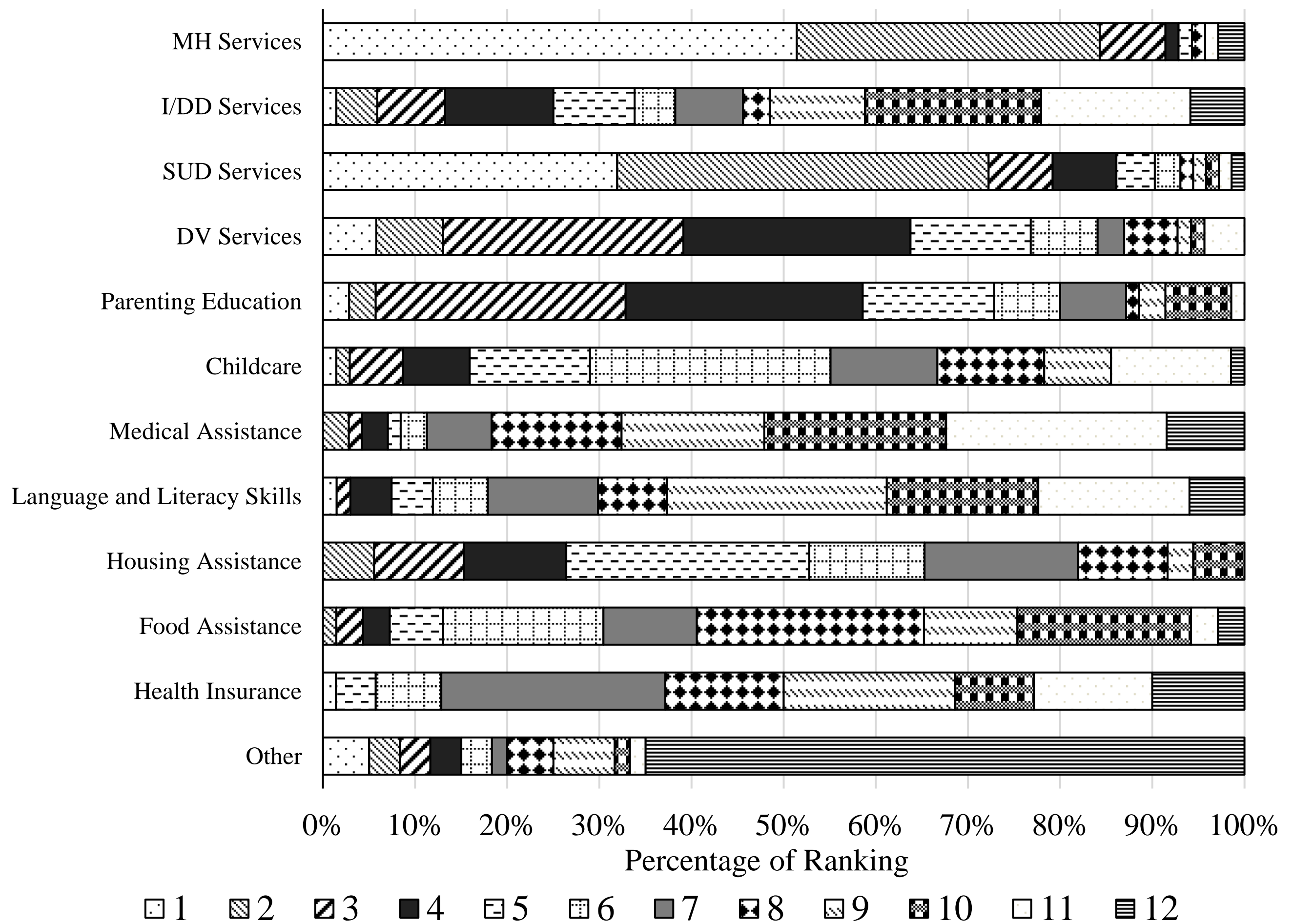
Ranking of Reported Services and Resources for Children and/or Youth (N= 72)

Figure 1. Ranking of Reported Services and Resources for Children and/or Youth



Ranking of Reported Services and Resources for Parents or Other Caregivers (N= 70)

Figure 2. Ranking of Reported Services and Resources for Parents or Other Caregivers



e) Reported Limits to Access to Needed Mental Health, Developmental Disabilities, Substance Use, and Domestic Violence Services and Suggestions for Improvement

A recurring concern of CCPTs was the families' limited access to needed services. The survey asked, "In 2023, which of the following limitations prevented children, youth, and their parents or other caregivers from accessing needed services. Check all that apply." As seen in Table 7, the most cited barriers were limited services or no available services, lack of transportation to services, limited service for youth with dual diagnosis of mental health and substance use issues, and limited finances. The CCPTs commented on some family factors affecting service receipt, such as parents' readiness to participate in services. It is quite likely that family and systemic barriers reflected the complexity of the healthcare system and the challenges in finding services without having health insurance. Thus, the teams were well aware of multiple issues keeping children and families from much needed services.

Number of Limitations to Accessing Needed Services

Table 7. Number of limitation to accessing needed services

Limitation	Number of CCPTs	
Limited Service or no Available Service	61	(76.3%)
Limited transportation to services	56	(70.0%)
Limited services for youth with dual diagnosis of mental health and substance use issues	48	(60.0%)
Limited finances	48	(60.0%)
Limited services or youth with dual diagnosis of mental health and developmental disabilities	36	(45.0%)
Limited community knowledge about available services	35	(43.8%)
Limited access to healthcare/no health insurance	31	(38.8%)
Limited child care	29	(36.3%)
Limited services for youth with dual diagnosis of mental health and domestic violence	22	(27.5%)
Limited participation of MH/DD/SUD/DV providers at CFTs	22	(27.5%)
Language Barrier	21	(26.3%)
Other 1	10	(12.5%)
Other 2	3	(3.8%)

In response to the limitations identified by teams, the survey asked CCPTs, "What strategies did your local team develop from the reviews to address any of these gaps in services and resources?" Sixty teams provided details regarding the strategies devised to close the service gap in their respective counties. These strategies were grouped into several themes, which are discussed below.

1. **Collaboration and Engagement with Stakeholders**: Many teams focus on collaboration with community partners, including local mental health and substance abuse treatment providers, county commissioners, and LMEs/MCOs, to improve access to care by sharing information and resources. Engagement with stakeholders also included discussions with local leaders and state officials to advocate for additional funding.

2. **Resource Referrals and Utilization**: Strategies involve referring families to mental health providers, parenting programs, childcare services, and other community resources to address specific needs. Additionally, efforts are made to identify and utilize untapped resources in the area, explore alternative placements, and provide trainings and webinars to enhance awareness and access to available services.

3. **Policy and Program Development**: Some strategies involved developing new programs or policies to address gaps in service delivery, such as implementing residential mental health providers, creating batterers intervention programs, and updating contracts to include specific obligations related to transportation for children in foster care.

4. **Community Education and Awareness**: Strategies included public education campaigns, community events, and outreach efforts to increase awareness of available resources and services through various channels such as radio stations, social media, and outreach events. This includes promoting telehealth services, educating parents on available Medicaid services, and disseminating information through partnerships with schools, pediatricians, and childcare facilities.

f) Review of Local Level Policies, Procedures, or Practices

This year, the survey requested information about ways to enhance the child protection system at the local level. The survey asked: "During active or fatal maltreatment reviews (active cases in which abuse, neglect, or dependency is found or fatalities suspected to have resulted from child abuse or neglect), what *policies, procedures, or practices* at the LOCAL LEVEL did you identify as in need of enhancement in the child protection system?"

Local Policies: Generally, teams provided a variety of policies that may improve the effectiveness and outcomes of child welfare practices. First, it is essential to enhance policies related to substance-affected infants, safe sleep practices, mandatory reporting of abuse or neglect concerns, and education on the dangers of leaving substances accessible to children. There's also a need to strengthen policies related to adherence to existing protocols and address gaps in response to incidents such as car wrecks, where current policies may not adequately guide decision-making. Furthermore, policies regarding CPS procedures, the role of Guardian Ad Litems (GALs), CW assessments, parental rights, and handling child fatalities need review and potential revisions for clarity and effectiveness. Additionally, policies surrounding efficient DSS staffing and information gathering by team members to inform case reviews were noted.

Local Procedures: The local procedures covered a range of themes to ensure the safety and well-being of children and families. There's a focus on providing continuous support and monitoring for children without immediate placement, including having social workers available around the clock. Adherence to state procedures regarding assessments, documentation, and collaboration with community partners was emphasized. Additionally, there are efforts to promote timely court hearings, encourage reporting within the community, and keep families informed about case developments. Procedures also address the need for thorough safety assessments, referrals for substance misuse, involvement of probation counselors with at-risk teens, and collaboration with healthcare providers for reporting on substance-affected infants. Training and supervision are highlighted as essential components to ensure policy adherence and effective identification of domestic violence situations.

Local Practices: The practices that needed further enhancement included ensuring sufficient and appropriate child placement options, providing training to support parents struggling with substance use disorders, and conducting thorough community education on safe sleeping practices, reporting protocols, mental health awareness, and available local resources. Additionally, teams suggested fostering effective communication among community members, stakeholders, and local agencies.

Teams were then asked to discuss, "What policies, procedures, and practices of the LOCAL child protection system did you find worked well?" Nearly 50% of the CCPTs noted the things that worked well locally. Overall, teams discussed many policies, procedures, and practices that contributed to the overall effectiveness and efficiency of local child welfare initiatives in the community. These enhancements included effective collaboration and information sharing among agencies, stakeholders, and community partners. Some teams discussed successfully implementing new programs and resources to support families, such as mental health providers and family support initiatives. Teams also provided ongoing education and training for staff and caregivers on various topics, including safe sleep, substance abuse, and child welfare procedures. Furthermore, counties were proactive in communicating with law enforcement, medical staff, and other relevant entities to ensure coordinated efforts for child safety.

g) Review of State Level Policies, Procedures, or Practices

Next, the survey asked CCPT teams how to enhance the child protection system on that state level. Like local enhancements, teams provided ample suggestions to strengthen child welfare across policies, procedures, and practices.

State Policies: The enhancements put forth by teams aim to streamline documentation, enhance data collection and sharing, address substance use issues comprehensively, and improve mental health support services for children and youths in the child welfare system. Specifically, teams recommended that the state update standardized templates to facilitate efficient documentation processes, improve inter-county and interstate communication to ensure compliance and gather necessary data effectively, and implement more robust policies regarding substance use, with a focus on sales, misuse, and addressing Substance Affected Infants (SAI), and enhance policies to provide adequate mental and behavioral support for children and youths within the DSS system.

State Procedures: Teams suggested that state procedure enhancements should include the establishment of a more efficient system for reporting and identifying abuse and neglect, encompassing all aspects of child welfare; the implementation of swifter responses and improved methods for ensuring the safety and placement of children in need; fostering ongoing communication among stakeholders including state partners, DSS staff, hospital personnel, and counties of placement to facilitate coordinated efforts and information sharing; and providing clear guidance on policies on child safety, particularly regarding Substance Affected Infants (SAI) and Substance Use Disorder (SUD). These enhancements aim to streamline processes, enhance collaboration, and strengthen the overall effectiveness of child welfare initiatives at the state level.

State Practices: The proposed state practice enhancements aim to strengthen preventive services for children and families and improve training for DSS staff and community partners on various critical topics such as domestic violence (DV), substance use disorder (SUD), reporting, and human trafficking, enhance education for caretakers on safe sleep practices, substance use disorder, and Substance Affected Infants (SAI). Additionally, there is a focus on providing state support to local agencies in delivering services to children and families, increasing resources for reporting, placement, and mental health support, and fostering stronger communication between state and local counties regarding expectations and implementing a state-wide practice model.

Subsequently, teams were asked to discuss, “What policies, procedures, and practices of the STATE child protection system did you find worked well?” One-third of the CCPTs shared what went well. For instance, several counties noted that RAMs (Regional Access and Mobilization Project) initiatives have successfully improved access to mental health resources and services within communities. Implementing Plan of Safe Care policies and Substance-Affected Infant (SAI) protocols has helped ensure the safety and well-being of infants. Additionally, CPS screening policies for reporting have facilitated the timely identification and reporting of child abuse and neglect cases. Furthermore, establishing robust policies around case review and collaboration has promoted effective communication and coordination among stakeholders, leading to more comprehensive and informed decision-making processes within the child welfare system.

h) CCPT Recommendations for Improving Child Welfare Services

Number of CCPT Recommendations

Over the years, the survey has checked with CCPTs on ways to improve child welfare in their communities and at the state level. These CCPT recommendations have been reviewed closely by the CCPT Board in formulating recommendations to NCDSS on ways to enhance child welfare.

The survey asked: “Based on your 2023 case reviews, what do you wish North Carolina DSS did differently to help support your CCPT to carry out its mandated function? Please provide your top three recommendations for improving prevention of child abuse, neglect, or dependency. In writing your recommendations, please be clear and specific (i.e., what specifically needs to be changed?) Please consider policy changes, program needs, or resources.” Across 80 CCPT teams, a total of 148 recommendations were provided. Each county provided a range of zero to three recommendations.

The analysis looked for recurring themes across all the recommendations and recommendations outlined in the survey’s final section on additional information that teams chose to communicate. The result was a rich array of recommendations that could improve child welfare as an agency and encourage child protection as a community effort.

Recommendations

In making their recommendations, teams demonstrated a keen awareness of local developments and pushed for policy and program changes that fit their experience. These recommendations cover a wide range of areas and emphasize the importance of education, funding, collaboration, and training in preventing child abuse and neglect. The analysis identified two main sets of recommendations. The first set was a series of steps for Enhanced System and Capacity. The second set concerned enhancing services and reflected values for service delivery.

Enhanced System and Capacity. The teams’ recommendations added to a wealth of proposals for improving the child welfare system and capacity. They formed three main steps: training and

education, community awareness and collaboration, and advocating for policy and practice change.

Training and Education. Suggestions from CCPTs included hands-on support at CCPT meetings and ongoing training from the state. Recommendations also involve training on expectations of CCPT and training for members on specific topics such as reporting concerns and legislative updates. One team proposed that "a representative from the State Level to come and speak to the team to emphasize the need and encourage participation." In addition to supporting CCPT members, teams emphasize the need to educate the local community on a variety of topics. Another team recommended "provid[ing] educ[a]tional material to share with the public on the dangers of leaving substances accessible to children."

Community Awareness and Collaboration. Recommendations focus on educating the community about policy changes, enhancing public awareness through public service announcements, and setting up a website to inform the community about child abuse, neglect, and dependency. Suggestions also include distributing materials on child abuse prevention and increasing awareness of dangers associated with substance misuse. Additionally, teams encouraged improved communication between providers and workers, promoted collaboration between agencies, and advocated for better partnerships between state and county departments. One team encouraged "transparent and timely communication from state partners to county departments that explains the why and incorporates feedback from county staff."

Advocating for Policy and Practice Change. Knowing that they could not single-handedly effect some vital changes, CCPTs recommended that they form local alliances or ask the government to act. To institute a coordinated response, teams looked to local organizing. Recommendations included updating manuals, establishing policies for representation at meetings, implementing a statewide Child Welfare practice model, and providing structured guidance for CCPTs. Suggestions also involve revisiting the purpose and mission, advocating for better mental health services, and providing more accountability for parents in court. One team specifically requested a "clearer, more efficient policy and gain more input from counties before revamping policy."

Enhanced Services. In addition to steps to enhance the system and capacity, CCPTs proposed ways to ensure that services were adequate and equitable. These recommendations were firmly grounded in the CCPTs' reviews of cases.

Funding Support. CCPTs were troubled by the insufficient services available to families. Teams repeatedly recognized that chronic shortages and constant turnover in workers stymied work on behalf of children and families. Addressing these issues required "more child welfare staff." Many recommendations emphasize the need for funding to support CCPT initiatives, expand prevention services, provide more resources for mental health and substance abuse, and offer financial assistance for educational materials and prevention programs. These reforms alone were insufficient unless other programs likewise grew. Suggestions also include funding DSS for staffing and programming, providing stipends for attendance, and increasing finances for smaller counties.

Improving Services and Resources. Suggestions involve providing more options for emergency placements, additional residential and Psychiatric Residential Treatment Facility (PRTF) resources, and establishing a system for sharing CPS history across states. Recommendations also include enhancing support for displaced children with mental health issues, increasing access to mental health services, and promoting transparent communication between state and county departments. In response, one team recommended that NC DSS should "advocate for increased availability of resources to meet the needs of complex families (placement disruptions, therapeutic placements, mental health services, substance abuse services, recovery services, childcare services, peer support services, DSS staff reimbursement rates, etc…)."

C. Technical Assistance

a) Awareness of Trends and Performance

This year's survey inquired about the team's general understanding of Child Welfare trends both within the state and across the country. Specifically, the survey asked questions about the team's performance in federal reviews. Among the 80 respondents, 52 (65%) stated that their team discussed or had been educated about Child Welfare trends in North Carolina and the Nation, and 37 (46%) reported that their team was aware of how NC performed in the Federal reviews. Drilling down further, the survey asked, "Is your team aware of your county's performance on the CFSR?" 39 (49%) respondents said *no,* and 37 *(*46%*)* respondents said *yes;* four (5%) teams did not respond.

b) Assistance and Training Needs

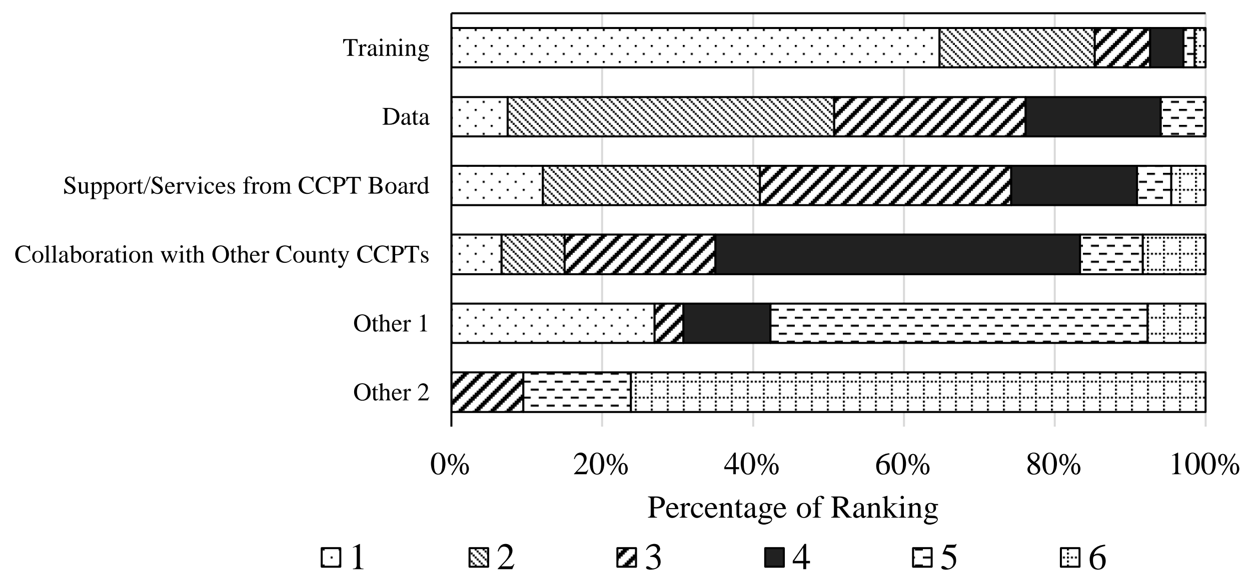
Over 2023, NC DSS distributed resources to local teams to assist them in enhancing team function. Checking on their use, the survey asked, "Did your team utilize any training and support provided by NCDSS to enhance your team's function?" Among the 80 responding teams, 45 (56%) said *no, 30 (38%) said yes, and* five (6%) did not respond. Subsequently, the survey asked, "How often has your team requested resources or assistance from NCDSS to enhance your team's function?" Two-thirds (53) of the teams *rarely* or *never* requested resources for NCDSS. Eighteen (23%) of the teams *occasionally* requested resources, and five (6%) teams *frequently* or *very frequently* requested assistance.

To encourage increased use of NCDSS-provided resources, the 2023 survey asked teams to rank resources that would help them conduct maltreatment case reviews more efficiently. Figure 3 provides the ranking for each need. Overall, training was ranked as the highest anticipated area of need, followed by data and support from the CCPT board. Other needs, such as support from the state, education around case reviews, and funding for CCPT participation, were ranked the least.

In addition to ranking anticipated needs, the survey asked teams what training topics they may benefit from. Generally, CCPT teams noted that they can benefit from training sessions covering various topics next year. The topics include safe sleep and child safety practices, mental health awareness and suicide prevention, substance use education, guidance on state requirements related to CCPT roles and processes, training on reporting procedures and case reviews, and sessions on community engagement involving mandatory stakeholders.

Ranking of Needed Resources for CCPTs (N= 76)

Figure 3. Needed Resources for CCPTs



c) Racial Equity in Addressing Local Needs

This year's survey explored local developments in regards to a racially and culturally equitable approach to child welfare. The survey defined racial and cultural equity as "*responsive to and invests in families and their communities with the result that children remain safely at home and their families are respected and supported in making and carrying out decisions for the care and well-being of their children."*

First, the survey asked, "Has your team discussed issues of racial and cultural equity in child welfare?" Among the 76 respondents, 49 (65%) checked *no,* and 27 (35%) checked *yes.* Next, the survey inquired, "While conducting your case reviews, what were the issues identified by the team relating to racial and cultural equity?" Twenty-two (29%) specified one or more issues. Teams identified racial and cultural equity challenges posed by language and cultural barriers and imbalances in reporting, resources, and services.

Language and Cultural Barriers

Language and cultural barriers were an issue for Spanish—and Arabic-speaking families. One team noted the "lack of Spanish-speaking medical/mental health providers and facilities with Spanish-speaking staff." Another CCPT recognized "cultural differences with Arabic families" and "cross-cultural differences in regards to mental health care and safe sleep practices."

Imbalances in Reporting, Resources and Services

CCPTs identified disparities in child abuse reporting and needed resources and services for families based on race, gender, and income. One team zeroed in on "disproportion of reports representing brown/black children. Higher reporting from impoverished neighborhoods." Another CCPT observed, "Lack of access to services in part due to language barriers, and funding (i.e. not eligible for Medicaid coverage)."

Turning from discussion to action steps, the survey asked, "What strategies did your team identify to address these issues?" Twenty (25%) teams outlined a strategy(ies) in response to these issues of racial and cultural inequity.

Addressing Language and Cultural Barriers

Teams sought to overcome these barriers by increasing language services and alleviating cultural hesitancies in accessing services. For instance, one team sought out the "Health Department" to assist " in providing education and resources with bilingual staff." Several teams utilized interpreters and other language services within the community to support their families. Another team provided "training specific to different racial/cultural backgrounds and generations with regards to mental health treatment and infant safe sleep."

Addressing Imbalances in Resources and Services

To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances in distribution. A team reported that a "More community resource support, including funding and hands life on skill support for these families, are needed. More affordable housing options and budget education need to be available for the families to be successful." Another team sought to educate their community by raising "Awareness that families can be treated differently due to race and economic status and a critical thinking plan to keep that from getting in the path of child welfare.

In summary, this year's survey explored local developments in regard to a racially and culturally equitable approach to child welfare. Almost two-thirds of responding teams had not discussed issues of equity in child welfare over the year. Nevertheless, teams identified challenges to racial and cultural equity posed by language and cultural barriers and imbalances in reporting, resources, and services. They also specified strategies to address these challenges to equity. To overcome language and cultural barriers, they sought to increase language services and alleviate cultural hesitancies in accessing services. To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances.

d) Family or Youth Partners

The survey also inquired specifically about Family or Youth Partners serving on the local teams. A Family or Youth Partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services and who has firsthand experience with the child welfare system. Family and Youth Partners are not mandated CCPT members, but their inclusion is encouraged. An exception for a combined team is a parent of a deceased child as long as the parent fits the definition of a Family or Youth Partner.

Overall, only seven (9%) of the 76 respondents indicated they had a Family or Youth Partners serving on their team (other than mandatory members). The percentage of Family or Youth Partner involvement is slightly lower than that of 2022, when ten (12%) out of 87 respondents indicated they had a Family or Youth Partner serving on their team.. In 2021, participation was 10% (10 out of 80); in 2020, participation was 12% (10 out of 82), and in 2019, participation was 7% (6 out of 89). Family and Youth Partners engagement has been substantially lower in the most recent five years than in prior years: 2015 (21%, 19 out of 87), 2016 (22%, 19 out of 86), 2017 (29%, 23 out of 79), and 2018 (24%, 21 out of 88). This difference may be a result of how the survey defined Family and Youth Partners in earlier years; in other words, from 2015 to 2018, the survey did not distinguish between a non-child welfare-served parent of a deceased child and a Family or Youth Partner as defined in the 2019 to 2023 surveys.

To assist local teams in increasing Family or Youth Partner engagement, NC DSS offered resources, training, and support related to the engagement of individuals with lived experience. 11 (15%) out of 76 respondents indicated their team had utilized some of this training and support offered. The limited usage of NC DSS provided resources may contribute to limited Family or Youth Partner participation discussed above.

In summary, state legislation does not mandate the involvement of Family Partners on CCPTs, and, as a result, teams may have reservations about adding members who are not specified in the statute. Nevertheless, there are clear avenues for promoting Family Partner outreach and engagement.

e) Additional Information

At the conclusion of the survey, CCPTs were provided a space in which to provide any additional information that they wished to communicate. Out of the 80 teams, 11 (14%) took advantage of the opportunity. Some expanded on policy and practice issues, and as previously

noted, these were incorporated into the section on recommendations. Others gave updates on the progress or ongoing struggles of their team, relayed positive developments within their community, or clarified the reasons behind prior survey answers. A number requested that the survey questions be available sooner, “It would be nice to know what questions we will be asked on next year’s survey now so we can prepare accordingly.”

2023 Recommendations of the NC CCPTs

As summarized by the U.S. Children's Bureau, Citizen Review Panels (CRPs) under CAPTA are intended to examine "the policies, procedures and practices of State and local child protection agencies" and make "recommendations to improve the CPS system at the State and local levels." In fulfilling this mandate, North Carolina State University, as contracted by NC DSS, in conjunction with various stakeholders, used the extensive information and ideas from the current and earlier CCPT surveys to formulate the recommendations listed below.

As described previously, the results of the 2023 CCPT survey outline a comprehensive set of recommendations aimed at improving the prevention of child abuse, neglect, and dependency. These recommendations span various areas including training and support, community education and awareness, funding and resources, collaboration and communication, as well as training and education. Key suggestions include providing state training and support for CCPT meetings, increasing public awareness through public service announcements and campaigns, advocating for funding to support CCPT initiatives and access to appropriate placements for high-acuity children, enhancing collaboration between state departments, and ensuring ongoing training and education for all members. These recommendations collectively emphasize the importance of education, funding, collaboration, and training in effectively preventing child abuse and neglect within communities.

Notably, there is no stand-alone recommendation to address racially and culturally equitable approaches to child welfare in North Carolina. Rather, recommendations to support racially equitable and culturally competent approaches to child welfare are embedded within each of the recommendations. This will allow for more context specific strategies to be developed and implemented.

Additionally, recent legislation, effective October 2023 (NC SL 2023-134), will restructure CRPs under NC DHHS by January 2025, aiming to enhance child protection efforts statewide. This restructuring seeks to improve the efficacy of CRPs in identifying and addressing gaps in the child protection system, thereby safeguarding vulnerable children more effectively. The recommendations utilize the term "CCPTs" in accordance with current language and structure; however, it should be noted that this language may change with the upcoming restructuring of CRPs.

In accordance with CAPTA, we propose the following for child protection at the local and state levels in 2024.

POLICY RECOMMENDATIONS

1. North Carolina should develop and disseminate public awareness campaigns to educate the community about policy changes, child safety practices (such as safe sleep and car seat safety), and the dangers associated with leaving substances accessible to children. For instance, North Carolina should establish a website to educate the community about child abuse, neglect, and dependency.
2. To ensure an equitable approach to resources across counties throughout North Carolina, North Carolina should conduct a review of policy processes to ensure equity in resources and service access, provision, and quality across rural and urban communities.
3. North Carolina should examine and evaluate the structure and function of CCPTs as well as the mandated members and provide regular CCPT data and expectations to the teams.

PRACTICE RECOMMENDATIONS

1. North Carolina should continue to work on access to appropriate and trauma-informed mental/behavioral health and substance use prevention and intervention services including both residential/inpatient and outpatient options for children and families.
2. North Carolina Department of Health and Human Services (NCDHHS) should finalize and implement a statewide child welfare record system in all counties.
3. North Carolina should work towards the implementation of a state-wide child welfare practice model in all 100 counties to standardize procedures and improve efficiency across all counties.
4. North Carolina should encourage collaboration between state departments, such as mental health, courts, and other relevant agencies, to ensure seamless communication and support for CCPT objectives.

RESOURCES and TRAINING RECOMMENDATIONS

1. North Carolina should facilitate and prioritize training for CCPTs, child welfare workers, and other community agencies on should prioritize training initiatives that cover policy updates, reporting procedures, legislative developments, and best practices in child welfare. North Carolina should provide regular and ongoing training opportunities for CCPT members on policy updates, trends, legislative changes, and best practices in child protection, ensuring all members are equipped with the necessary knowledge and skills.[3]
2. North Carolina should examine options to enhance and expand placement options for youth with high needs as well as advocate for increased availability of resources to meet the needs of complex families and provide greater resources for early interventions (e.g., through schools, daycares, and/or primary care providers). State and local authorities should collaborate to increase funding and support for the development of community-based resources, including mental health treatment services, domestic violence shelters, and substance abuse prevention programs.

[3] It is known that recent legislation (NC SL 2023-134) will lead to restructuring of CRPs under NC DHHS by January 2025. Thus, this recommendation was based upon information gathered during the 2023 CCPT survey and should help provide considerations for this restructuring.

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Appendices

Appendix A: Survey Process and Results

Timeline of CCPT Survey, 2023

Table A-1 Timeline of CCPT Survey

Date	Activity
September 6, 2023	NC CCPT Advisory Board ad-hoc survey subcommittee developed end-of-year survey
September 7, 2023	Survey materials sent to NC DSS for approval
September 11, 2023	NC CCPT Advisory Board finalized the survey
September 9, 2023	Survey materials sent to NC State University Institutional Review Board
September 29, 2023	NC State University Institutional Review Board approved research protocols protecting participants
October 20, 2023	NC DSS sent letters to the County DSS Directors and to the CCPT Chairs to notify them about the survey
November 1, 2023	NC State University Research CCPT Team distributed survey to CCPT Chairpersons or designees followed by weekly reminders to unfinished respondents
January 5, 2024	NC DSS reminded CCPT Chairs to complete the survey
January 12, 2024	Deadline for survey submission
January 26, 2024	Extended deadline for survey submission
May 2, 2024	Discussion group was held to discuss the content of the recommendations
May 15, 2024	NC CCPT Advisory Board reviewed the report and the recommendations
May 31, 2024	End of Year Report to NC DSS and the Advisory Board
TBD	Results of the survey to CCPTs

Local CCPTs Submitting Survey Report, 2023

Table A-2 Counties of CCPTs Submitting Survey Report

Participating Counties			
Alamance	Forsyth	Orange	Wayne
Ashe	Franklin	Pamlico	Wilkes
Avery	Gaston	Pasquotank	Yadkin
Beaufort	Gates	Pender	
Bertie	Granville	Perquimans	
Bladen	Halifax	Person	
Brunswick	Harnett	Pitt	
Buncombe	Haywood	Polk	
Burke	Henderson	Randolph	
Cabarrus	Hertford	Richmond	
Camden	Hoke	Robeson	
Carteret	Hyde	Rockingham	
Caswell	Iredell	Rowan	
Catawba	Jackson	Rutherford	
Chatham	Jones	Sampson	
Cherokee	Lee	Scotland	
Chowan	Lincoln	Stanly	

Clay	Macon	Stokes		
Cleveland	Madison	Surry		
Craven	Martin	Transylvania		
Cumberland	McDowell	Tyrrell		
Currituck	Mitchell	Union		
Dare	Montgomery	Wake		
Davie	Moore	Warren		
Duplin	New Hanover	Washington		
Edgecombe	Northampton	Watauga		

Note: The survey was sent to 101 CCPTs of whom 80 responded.

Responding CCPTs by County Population Size, 2023, (N=80)

Table A-3 Responding CCPTs by County Population Size

County Size	Total Counties		Total Responding Counties		Percent
Small	51		47		92%
Medium	39		26		67%
Large	10		7		70%

Responding CCPTs by County Economic Well-Being, 2023, (N=88)

Table A-4 Responding CCPTs by County Tier Type

County Size	Total Counties		Total Responding Counties		Percent
Tier I	40		30		75%
Tier II	40		34		85%
Tier III	20		16		80%

LME/MCOs and Number of Member Counties Responding to Survey, 2023

Table A-5 LME/MCOs and Number of Member Counties Responding to Survey

LME/MCO	Number of Member Counties	Total Responding Counties	Percent
Alliance Behavioral Healthcare	7	4	57%
Partners Behavioral Health Management	15	14	93%
Trillium Health Resources	46	37	80%
Vaya Health	32	25	78%
Total	100	80[0]	80%

Note: Member counties affiliated with a Local Management Entity (LME)/Managed Care Organization (MCO), as of February 01, 2024. See https://www.ncdhhs.gov/providers/lme-mco-directory. Eastern Band of Cherokee Nation not affiliated with an LME/MCO.

Organization of CCPTs and Child Fatality Prevention Team (CFPTs) in Counties, 2023, (N=79)

Table A-6 Organization of CCPTs and Child Fatality Prevention Teams (CFPTs) in Counties

CCPT/CFPT Organization	Number of Counties	Percent
Separate CCPT and CFPT	17	21.5%
Combined CCPT and CFPT	59	74.7%
Other	3	3.8%

Appendix B: Cross-Year Comparison

Organization of CCPTs and Child Fatality Prevention Teams (CFPTs) by Year

Table B-1. Organization of CCPTs and Child Fatality Prevention Teams (CFPTs) by Year

CCPT/ CFPT Organization	2016 (*n*=86)	2017 (*n*=80)	2018 (*n*=88)	2019 (*n*=89)	2020 (*n*=83)	2021 (*n*=80)	2022 (*n*=87)	2023 (*n=79)*
Separate CCPT and CFPT	17 (20%)	17 (21%)	14 (15%)	17 (19%)	16 (19.3%)	19 (23.8%)	18 (20.7%)	17 (21.5%)
Combined CCPT and CFPT	66 (77%)	62 (78%)	77 (83%)	66 (74%)	66 (79.5%)	59 (73.8%)	67 (77%)	59 (74.7%)
Other	3 (3%)	1 (1%)	1 (1%)	2 (2%)	1 (1.2%)	2 (2.5%)	2 (2.3%)	3 (3.8%)

Note: Number of counties (percent)

Table B-2. Total County Participation by Year

County	2014 (*n*=71)	2015 (*n*=87)	2016 (*n*=86)	2017 (*n*=81)	2018 (*n*=88)	2019 (*n*=89)	2020 (*n*=84)	2021 (*n*=85)	2022 (*n*=88)	2023 (*n=80)*
Alamance	x	x	x	x	x	x	x	x	x	x
Alexander		x			x		x	x	x	
Alleghany	x	x	x	x	x	x	x	x	x	
Anson		x	x	x						
Ashe		x				x	x	x	x	x
Avery	x	x	x	x	x		x	x	x	x
Beaufort	x					x				x
Bertie	x	x		x			x			x
Bladen	x	x	x	x	x	x	x	x	x	x
Brunswick	x	x	x	x	x	x		x	x	x
Buncombe	x	x	x	x	x	x	x	x	x	x
Burke	x	x	x	x	x	x	x	x	x	x
Cabarrus	x	x	x	x	x	x	x	x	x	x

Caldwell		x	x		x	x		x		
Camden	x	x	x	x	x	x	x	x		x
Carteret		x	x	x	x	x	x	x	x	x
Caswell	x	x	x	x	x	x	x	x	x	x
Catawba	x	x	x	x	x	x	x	x	x	x
Chatham	x	x	x	x	x	x	x	x	x	x
Cherokee			x	x	x		x		x	x
Chowan	x	x	x	x	x	x			x	x
Clay	x	x	x	x	x	x	x	x	x	x
Cleveland		x	x	x	x	x	x	x	x	x
Columbus	x	x	x	x		x	x	x	x	
Craven	x	x	x	x	x	x	x	x	x	x
Cumberland	x	x	x	x	x	x	x	x	x	x
Currituck	x	x	x		x	x	x	x	x	x
Dare	x	x	x	x	x	x	x	x	x	x
Davidson	x	x	x	x	x	x	x	x	x	
Davie	x	x						x	x	x
Duplin	x	x					x	x	x	
Durham			x	x	x		x	x		
Eastern Band of Cherokee Nation (Qualla Boundary)				x		x				
Edgecombe	x	x	x	x	x	x		x	x	x
Forsyth		x	x		x	x	x	x	x	x
Franklin	x	x		x	x	x	x	x	x	x

Gaston		x	x	x	x	x	x	x	x	x
Gates	x	x	x	x	x	x	x	x	x	x
Graham		x	x	x	x	x	x	x		
Granville			x		x	x	x		x	x
Greene			x		x	x		x	x	
Guilford	x	x	x	x	x	x	x	x	x	
Halifax	x	x	x	x	x	x	x	x	x	x
Harnett	x	x	x	x	x	x	x	x	x	x
Haywood		x	x	x	x	x	x	x	x	x
Henderson	x	x	x	x	x	x	x	x	x	x
Hertford	x	x	x	x	x	x	x	x	x	x
Hoke	x	x	x	x	x	x	x	x		x
Hyde	x	x	x	x	x	x	x	x	x	x
Iredell	x	x	x	x	x	x	x	x	x	x
Jackson	x	x	x	x	x	x	x	x	x	x
Johnston	x	x	x	x					x	
Jones	x		x		x	x	x	x	x	x
Lee		x	x	x	x	x		x	x	x
Lenoir	x	x	x	x	x	x	x	x	x	
Lincoln	x	x	x	x	x	x	x	x	x	x
Macon	x	x	x	x	x	x	x	x	x	x
Madison	x			x	x	x	x	x	x	x
Martin	x	x	x	x	x	x	x	x	x	x
McDowell			x		x					x
Mecklenburg		x	x	x	x	x	x	x	x	

Mitchell	x	x	x	x		x			x	x
Montgomery	x	x	x	x		x	x	x	x	x
Moore		x				x	x	x	x	x
Nash	x	x	x	x	x	x	x	x	x	
New Hanover	x	x	x	x	x	x	x	x	x	x
Northampton		x	x	x	x	x			x	x
Onslow	x	x	x	x	x	x	x	x	x	
Orange	x	x	x	x	x	x	x	x	x	x
Pamlico		x		x					x	x
Pasquotank	x	x	x	x	x	x	x	x	x	x
Pender	x	x	x		x	x	x	x	x	x
Perquimans		x			x	x	x	x	x	x
Person	x	x	x	x	x	x	x	x	x	x
Pitt			x	x	x	x				x
Polk	x	x	x	x	x	x	x	x	x	x
Randolph	x	x	x	x	x	x	x	x	x	x
Richmond	x	x	x	x	x	x	x		x	x
Robeson	x	x	x	x	x	x	x	x	x	x
Rockingham	x	x	x	x	x	x	x	x	x	x
Rowan	x	x	x		x	x	x	x	x	x
Rutherford	x	x	x	x	x	x	x	x	x	x
Sampson	x	x	x	x	x		x	x	x	x
Scotland		x	x	x	x	x	x	x	x	x
Stanly	x	x	x	x	x	x	x	x	x	x
Stokes	x	x	x	x	x	x	x	x	x	x
Surry		x	x	x	x	x	x	x	x	x

Swain	x	x	x		x	x	x	x		
Transylvania						x	x	x	x	x
Tyrrell			x	x	x	x	x	x	x	x
Union		x	x	x	x	x	x	x	x	x
Vance	x	x	x	x	x	x	x	x	x	
Wake		x	x	x	x	x	x	x	x	x
Warren	x	x	x		x	x	x		x	x
Washington				x	x					x
Watauga	x	x	x	x	x	x	x	x	x	x
Wayne	x	x	x	x	x	x	x	x	x	x
Wilkes	x		x	x	x	x	x	x	x	x
Wilson	x	x	x	x	x	x	x	x	x	
Yadkin	x	x	x	x	x	x	x	x	x	x
Yancey	x	x			x	x	x	x	x	

Table B-3. Small County Participation by Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Respondents (%)	36 (71%)	42 (82%)	40 (78%)	38 (78%)	45 (83%)	46 (85%)	43 (80%)	41 (80%)	45 (88%)	47 (92%)
Alexander		x			x		x	x	x	
Alleghany	x	x	x	x	x	x	x	x	x	
Anson		x	x	x						
Ashe		x				x	x	x	x	x
Avery	x	x	x	x	x	x	x	x	x	x
Bertie	x	x		x			x			x
Bladen	x	x	x	x	x	x	x	x	x	x
Camden	x	x	x	x	x	x	x	x		x
Caswell	x	x	x	x	x	x	x	x	x	x
Chatham	x	x	x	x	x	x	x	x	x	x
Cherokee			x	x	x		x		x	x
Chowan	x	x	x	x	x	x			x	x
Clay	x	x	x	x	x	x	x	x	x	x
Currituck	x	x	x		x	x	x	x	x	x
Dare	x	x	x	x	x	x	x	x	x	x
Davie	x	x						x	x	x
Gates	x	x	x	x	x	x	x	x	x	x
Graham		x	x	x	x	x	x	x		
Granville			x		x	x	x		x	x
Greene			x		x	x		x	x	
Hertford	x	x	x	x	x	x	x	x	x	x
Hoke	x	x	x	x	x	x	x	x		x
Hyde	x	x	x	x	x	x	x	x	x	x

Jackson	x	x	x	x	x	x	x	x	x	x
Jones	x		x		x	x	x	x	x	x
Lee		x	x	x	x	x		x	x	x
Lenoir	x	x	x	x	x	x	x	x	x	
Lincoln	x	x	x	x	x	x	x	x	x	x
Macon	x	x	x	x	x	x	x	x	x	x
Madison	x			x	x	x	x	x	x	x
Martin	x	x	x	x	x	x	x	x	x	x
McDowell			x		x					x
Mitchell	x	x	x	x		x			x	x
Montgomery	x	x	x	x		x	x	x	x	x
Northampton		x	x	x	x	x			x	x
Pamlico		x		x					x	x
Pasquotank	x	x	x	x	x	x	x	x	x	x
Pender	x	x	x		x	x	x	x	x	x
Perquimans		x			x	x	x	x	x	x
Person	x	x	x	x	x	x	x	x	x	x
Polk	x	x	x	x	x	x	x	x	x	x
Richmond	x	x	x	x	x	x	x		x	x
Stanly	x	x	x	x	x	x	x	x	x	x
Stokes	x	x	x	x	x	x	x	x	x	x
Swain	x	x	x		x	x	x	x		
Transylvania						x	x	x	x	x
Tyrrell			x	x	x	x	x	x	x	x
Warren	x	x	x		x	x	x		x	x
Washington				x	x					x
Watauga	x	x	x	x	x	x	x	x	x	x

Yadkin	x	x	x	x	x	x	x	x	x	x
Yancey	x	x			x	x	x	x	x	

Note: Distribution of county size has changed over this time period

Table B-4. Medium County Participation by Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Respondents (%)	30 (77%)	36 (92%)	36 (92%)	34 (87%)	32 (91%)	32 (91%)	30 (86%)	34 (87%)	34 (87%)	26 (67%)
Alamance	x	x	x	x	x	x	x	x	x	x
Beaufort	x					x				x
Brunswick	x	x	x	x	x	x		x	x	x
Burke	x	x	x	x	x	x	x		x	x
Cabarrus	x	x	x	x	x	x	x	x	x	x
Caldwell		x	x		x	x		x		
Carteret		x	x	x	x	x	x	x	x	x
Cleveland		x	x	x	x	x	x	x	x	x
Columbus	x	x	x	x		x	x	x	x	
Craven	x	x	x	x	x	x	x	x	x	x
Davidson	x	x	x	x	x	x	x	x	x	
Duplin	x	x					x	x	x	
Edgecombe	x	x	x	x	x	x		x	x	x
Franklin	x	x		x	x	x	x	x	x	x
Halifax	x	x	x	x	x	x	x	x	x	x
Harnett	x	x	x	x	x	x	x	x	x	x
Haywood		x	x	x	x	x	x	x	x	x
Henderson	x	x	x	x	x	x	x	x	x	x
Iredell	x	x	x	x	x	x	x	x	x	x

Johnston	x	x	x	x		x			x	
Moore		x				x	x	x	x	x
Nash	x	x	x	x	x	x	x	x	x	
Onslow	x	x	x	x	x	x	x	x	x	
Orange	x	x	x	x	x	x	x	x	x	x
Pitt			x	x	x	x				x
Randolph	x	x	x	x	x	x	x	x	x	x
Robeson	x	x	x	x	x	x	x	x	x	x
Rockingham	x	x	x	x	x	x	x	x	x	x
Rowan	x	x	x		x	x	x	x	x	x
Rutherford	x	x	x	x	x	x	x	x	x	x
Sampson	x	x	x	x	x		x	x	x	x
Scotland		x	x	x	x	x	x	x	x	x
Surry		x	x	x	x	x	x	x	x	x
Union		x	x	x	x	x	x	x	x	
Vance	x	x	x	x	x	x	x	x	x	
Wayne	x	x	x	x	x	x	x	x	x	
Wilkes	x		x	x	x		x	x	x	
Wilson	x	x	x	x	x	x	x	x	x	

Note: Distribution of county size has changed over this time period

Table B-5. Large County Participation by Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Respondents (%)	5 (50%)	9 (90%)	10 (100%)	8 (80%)	11 (100%)	10 (91%)	11 (100%)	10 (100%)	9 (90%)	7 (70%)
Buncombe	x	x	x	x	x	x	x	x	x	x
Catawba	x	x	x	x	x	x	x	x	x	x
Cumberland	x	x	x	x	x	x	x	x	x	x
Durham			x	x	x		x	x		
Forsyth		x	x		x	x	x	x	x	x
Gaston		x	x	x	x	x	x	x	x	x
Guilford	x	x	x	x	x	x	x	x	x	
Mecklenburg		x	x	x	x	x	x	x	x	
New Hanover	x	x	x	x	x	x	x	x	x	x
Wake		x	x	x	x	x	x	x	x	x

Note: Distribution of county size has changed over this time period

Appendix C: Qualitative Responses

Community Education

Local, State, and Federal Policies

also met with the CFPT coordinator regarding fatality data/cfpt trends.

Case reviews allows an opportunity to learn where the gaps are within the community and within the state regarding services for children CPS is working with. Two cases were presented at every meeting, a total of 8 cases annually. Also, educate the ream regularly on changes in DSS regarding services and policy, i.e. kinship payments, Medicaid Expansion, any pilots Pamlico may be participating in.

Educated the team on updated policies and procedures.

Education was provided on new child welfare policies during CCPT meeting(s) in which community stakeholders were in attendance.

On new policy and creating a training about maltreatment and reporting for different entities

Our county had a major backlog in reports from Medical Examiner's which caused us to not always know why a child had been harmed or how they died. We educated our county commissioners and our legislators on this topic and were able to get a bill passed that has led to our county, and a few others in our area, getting a new ME's office.

Parents Bill of Rights, and a CFPT refresher with [NAME]

The team has been apprised of policy changes, agency activities, and raised awareness of DSS issues. Other agencies have shared information about their policies and procedures.

Child safety

[ORG NAME] Injury Prevention Program which serves on the committee provides community education regarding Bicycle Safety, Gun Safety, Teen Suicide Prevention, Car Seat Safety, Teen Safe Driving, Fire Arm Safety, Bike Pedestrian and Water Safety.

Education on safe sleep and child abuse prevention in the community.

face to face trainings to other professionals/agencies, parents, other care givers- gun and fire arm safety- community partners/agencies, parents, other adults, pediatrician offices

In June [COUNTY NAME] County PFC presented info on their parenting program called Parents as Teachers as well as their Buckle Up Safety Program.

On-going collab regarding safe sleep with community partners

Our CCPT has been active in safe sleep campaigning. Making the community aware of the importance of safe sleep.

Safe Sleep

safe sleep

Safe Sleep - provided to clients with open/active CPS cases

Safe Sleep education was provided to law enforcement, social workers, fire department, parents, foster parents, community members, and public health.

Safe Sleep seminar presented at the Partnership for Young Children & distribution of pack n' plays for the parents.

Safe Sleep training to Safe Kids Coalition

Safe sleep, seat belt safety

Safe Sleeping and Gun Safety

SAFE Sleeping presented to Board of Directors

Speakers on safe sleep.

there were also presentations on safe sleep and provision of materials across the community including the military.
Through HRSA Grant, Safe Kids Committee, provide safe sleep education to the families that we work with.

Prevention through Resources
[COUNTY NAME] County Health Department on October 5th was invited to be a part of the meeting due to uprising concerns with Human Trafficking. Human Trafficking includes sex slave and slave labor. This meeting focused primarily on sex slave and the growing population of ethical diverse cultures. Topics that were discussed was common signs to look for such as skin tattoos or markings, children unable to distinguish who their parents are, no legal documents, and multiple families residing in one area. The Health Department was also concerned because the children that had came into their office had no medical history within the area and was acting suspicious.
Brochures to schools regarding overdose prevention
Collaboration and cross training occurred with agencies represented on our CCPT..
DSS provided training to all county and clity schools to include school social workers, guidance, nurses and teachers. Clinton Police Department educated the group on their annual Police Camp that is held every summer. [COUNTY NAME] County Health Department gave information on the COVID kiosk that sits outside their building that can accessed 24/7.
Disable the Label (2 sessions) & Darkness to Light the trainings were open to the community members and professionals.
During outreach, we provided educational material to the communities served.
Education to EM, MH, Schools on reporting requirements, process for reporting, drug myths training specific to fentanyl for HD, DSS, LE, Pre-trial.

We work in conjunction with our CFPT and they publish educational topics to our local newspaper, social media, posters etc. The topics include safe sleep, water safety, medication safety and not leaving children in vehicles.

For 2023: Recognize/Respond/Report training to [UNIVERSITY NAME] nursing students, Smart Start, Foster Parents, Coastal Horizons, NHC employees, School Social Workers and Guidance Counselors, & CCPT. , Coastal Horizons Maternity Program, & CCPT.
Guest speakers spoke at meetings to provide information on services in the community injury prevention, info session in Spanish on how to make CPS report and to learn about Family Support Services, Adoption Information Fair, Kinship in Action, Step out against child abuse walk.
Life of a child welfare case
meetings with the school system regarding substance abuse concerns
Presented educational information on prevention of maltreatment to community event National Night Out and DSS Board members
Provided materials and trainings for community agencies, providers and law enforcement
provided to new parents through WIC and the health department, provided to expecting parents during pregnancy care appointments.
There has been an increase in children coming into contact with illegal substances (THC gummies, Cocaine, and Fentanyl). Our group is researching educational materials to provide to the same populations in our community.
provision of written materials for use in education (recreation and parks, schools, other community agencies
Refer families of substance effected infants to CMARC.

schools, board of county commissioners,
law enforcement child abuse and neglect,
TSP, vacancies
Schools, Law Enforcement, Mental Health;
Information on Child Maltreatment,
assessment process, MDT meetings,
Department of juvenile justice (Child Abuse,
Neglect, safe sleep, drug use/abuse.
Sesame Street in Communities provided in-person educational training, resources, and
tools on Child Trauma to our CCPT.
Community partners, including local
Funeral Home staff were in attendance.
The team heard presentations on the
[COUNTY NAME] County Youth Risk
Behavior Survey results, Driver Safety,
They have assisted with linking [COUNTY
NAME] County DSS (Child Welfare) with
resources to acquire gun safety literature,
gun locks and medicine lock boxes.
to our team and the staff at those
organizations and in Triple P Parenting
Program

Truancy/Early Intervention yearly
presentation and training at the school. Early
Intervention is umbrellaed under CCPT.
Also had presentations at CCPT by VAYA
re: system of care, [COUNTY NAME] DSS
re: Disaster Plan and Diligent Recruitment
Plan,
underage drinking, the need for pre-natal
and post-delivery care,
Understanding child neglect & abuse to
Mental Health, Schools, Community at large
Vape Prevention
We had fentanyl taskforce meetings with a
multi-disciplinary team in 2023 to discuss
how to reduce child fatalities in our county.
Partners present were from law enforcement,
social services, community prevention
services, mental health and public health.
After the two meetings the decision was
made to hold off on future meetings and to
hand the information over to the opioid
liaison who was hired.
We wrote a grant to be able to get pamphlets
to distribute in the community

Community Collaboration

[COUNTY NAME] County Health
Department Representatives [NAME]
(Nurse) and [NAME] (Primary Care
Physician).
Collaborated with CAC regarding an abuse
case.
Collaborated with community partners to
continue to implement the Early
Intervention Team. Also collaborated with
VAYA to link interested members in
starting a system of care meeting. Continued
to collaborate with the Health Dept and
[TOWN] Community Health Center to
umbrella and provide TEAM LED/ Peer
Support until grant ended.
Collaborated with Firearm Safety Coalition
to purchase gun safes for families. Support
classes were discussed for military spouses
in order to promote gun safety.

Collaborated with local Child Advocacy Ctr.
and Public Health Dept. to deliver safe sleep
info. to community members at various
community events
Collaboration on gun safety/risk factors for
suicide, kids and other family members; law
enforcement, medical professionals, school
personnel, school resource officers, adults,
youth; recreation and parks. safe sleep-provision of written materials, magnets, safe
sleep items (Pack n play); team members
provide hands on resources through Family
Connects program, Triple P, resource fairs,
community events, Partnership for Children,
schools, [COURT NAME] Court
Collaboration with social workers, CAC, ect
to discuss difficult cases they may be
dealing with.

Community providers to discuss resources and opportunities in the county--churches, DV shelter, GAL office
During April, the Health Department and the Department of Social Services highlighted "Safe Sleep", and DSS announced the availability of "Pack and Plays" for distribution. NC Med Assist held an event in August for free OTC medications. Other agencies were present, and the [COUNTY NAME] Sheriff's Department had firearm security devices available.
During our reviews and educational efforts, the team collaborated with law enforcement, public health, community members, social services, social workers, pediatrician, nurse practitioner, legal, assistant district attorney, community support services, domestic violence shelter, children's advocacy center, nurses, community advocates, school system, Triple P practitioners, fire department, emergency medical services, juvenile justice, court system, and mental health providers.
hospital information was shared between the two institutions.
Juvenile Prevention Team, Multi-Disciplinary Treatment Team; Re: reporting requirements etc.
Multi-disciplinary Teams, Department of Juvenile Justice, Local Law Enforcement, Child Advocacy Center, Mental Health Agencies. To network, provide and receive information regarding cases and families to identify child areas of neglect and/or abuse.
Our team consists of DSS, Health Department, CMARC, Baby Love, Medical Provider (FNP), law enforcement, and school personnel.
Partnered with [UNIVERSITY NAME] to provide training specific to fentanyl use due to misconceptions surrounding fentanyl exposure. In addition, discussed practice around teaching safe use specific to DSS Social workers due to an increase in fentanyl related cases.
Staffing cases between local agency, health department, school system, DA's office.
staff high risk cases to get feedback from CCPT/CFPT about resources that might help families and prevent fatalities.
Substance Misuse Task force, Healthy Bladen & Bladen Safe Kids. Information is shared at each committee meeting on child welfare concerns.
Team collaborated with local child advocacy center and school system to make sure everyone was meeting the child/family needs.
Team members (and organizations represented) have collaborated on projects related to birth equity, FASD, supporting LGBTQ youth, Safe Kids, DV batterers intervention, opioid use prevention and an MDT workshop.
Team members are educating each other on individual agency policies to provide a better understanding for collaboration among agencies in the community.
Trillium, school system, hospital
We called our county commissioners and our House Reps with the specific problems we were facing and got them to help us.
We collaborate as a group of mulit-disciplinary professionals- schools, DSS, EMS, law enforcement
We collaborate as a team on services available to families within our community when we review open in-home services cases.
We collaborate with the Partnership for Children and our military community who both have members on our team. They provide us with information about services and resources they have to offer.
With JCPC, [COUNTY NAME] County Child Advocacy Center

Positive Change

Enhanced Collaboration and Communication

Better collaboration among professionals serving children.
Better collaboration between agencies
Better collaboration between county partners
Better relationship with community providers
wonderful coordination between agencies.
More cohesiveness and understanding between community agencies
More collaboration
Better working relationships with law enforcement, mental health, and the school system
collaboration and support for each others role
Collaborative sharing of information and relationship building amongst team members agencies to better enhance protective services and system of care
better work relations and communications between agencies which has resulted in prompter assessments and implementation of services.
better working environment with private agencies
Communication with community partners
Court services collaboration with DSS
We're seeing more consistent scheduling in court for DSS cases. Stable judge for particular complex case Awareness of services available among community partners
Communities are coming together and discussing concerns and working toward one common
continued communication and collaboration between local community resources serving families and children.
Established relationships between agencies i.e. DA's office and DSS.
Increased Collaborative relationships
Increased Communication
much better communication and understanding of services amongst agencies, which in turns allows better access to services for clients.
Supporting the CPS assessment process on a local level with staffing cases, giving feedback, and identifying resources for families.
Teamwork amongst members and collaboration
Return to in person meetings

Community Education and Awareness

An increased amount of community events promoting healthy family relationships.
Better sharing of resources in the community
Coming together to talk about the fentanyl concern in our community that is impacting all ages of individuals.
goal which is to provide a united community in the best interest of the people.
community education
community stays acclimated to all available resources through interaction with workers
More knowledge of child abuse and neglect and agencies
More knowledge regarding resources available for the community
More open discussions especially regarding safe sleep and drowning.
More Community education on safe sleep and providing safe sleep practices
Education, training, and access to fentanyl test strips and Naloxone.
Greater awareness in the community by medical services, schools, law enforcement & courts.
If nothing else, they are more educated on issues that could negatively impact their children.

Increased community education/training, development of a CAC, larger child abuse prevention events, involvement from other community organizations not historically involved in child protection.
increased members in CCPT education by different providers and agencies about services
Information gathered from community Resorces to help aid with cases
Team membership awareness of community needs has been enhanced in the hope that information spreads through the community.
We have talked about things going on in the community. Out review of cases will begin in Feb. 2024
We want to decrease the number of cases that we are seeing within our community and want to educate the community on services and community partners that are here to help.
We are getting the awareness out regarding safe sleep and the importance of safe sleep

Resource Accessibility and Support

A new provider will begin operating within our county.
Active involvement from medical providers
A better understanding of the struggles and complexities of child mental issues and resources needed to address these issues.
We were able to get gun locks distributed widely in the county and to have them unhand when we have cases with injurious environment due to unsafe weapon.
More knowledge of available services and how to access them. CMARC gap filled by CCNC. Car Seat Grant received, Car Seats purchased, trained educator on installation, & planned safety event. Gun locks received. Resource for smoke detectors and installation identified. The community recognizing that prevention of abuse, neglect, and/or dependency doesn't fall strictly and solely on CPS. It is a community responsibility and early intervention is vital prior to reports to and involvement with CPS.
More parents have pack n' plays and gun safes as a result of our CCPT.
Families seem to appreciate the information they receive.
purchased car seats and booster seats
Safe sleep information, correct car seat installation,
The availability of safe sleep & baby boxes provided LLIC
Every individual case staffed was able to be connected to community resources to help meet their needs. The information sharing and coordination of resources by CCPT was able to help families in the community meet unmet needs whether it be assistance for food, rent help, clothing, transportation, home repair etc.

Reduction in Negative Outcomes

Decrease in problems in some areas due to availability of resources, agencies communication enhanced, more programs in place for families, decrease in negative outcomes in some areas
decrease in reports/cases
less unsafe sleeping fatalites
Significant reduction in sleep-related infant deaths. Increased community collaboration. The work done by the Early Intervention Team has greatly reduced truancy since its implementation. TEAM LED/ Peer Support services were able to be provided to individuals struggling with substance use issues in the community.

Initiatives and Partnerships

[COUNTY NAME] has a very committed team that provides good suggestions and will go back out into the community and advocate for services for the children we serve.
There is now an after school program for school aged children to attend.
This year a number of initiatives were introduced including implementation the Strong Fathers (batterers intervention) program, poverty simulation (hosted by DSS), FASD workshop, Child Abuse Prevention month media release.
Several of the agencies on CCPT are visible in community forums/festivities (Sheriff's Back to School Celebration; NC Med Assist, etc.)
Ongoing collaboration/partnerships.
We have a Child Advocacy Center in our county, effective as of April 2023
We have great community support and learned how to effectively respond when there is a crisis.
Our community has been positively impacted as we become more aware and proactive with those currently, or previously, having CPS involvement.

No Positive Change

Although there has been no definitive evidence, I believe our efforts have proven effective.
n/a
N/A
None
Unaware of any changes.
unknown
Unknown

Case Findings

6 of the 8 families reviewed had a parent with current, serious justice involvement including DV, drug trafficking, assault. Several parents were currently incarcerated.
Lack of stable employment -Trauma exposure (parents and children) - Engagement of parents in treatment for SUD was challenging
A lack of mental health services and appropriate placement facilities for minor with mental health issues. Including crises situations. Local hospitals do not have child psychiatric units and are not equipped to properly assess and diagnose minors.
All agencies participate equally and provide feedback. We have a cohesive team.
At quarterly CCPT meetings, presentations are made by community partners to discuss services/collaboration. In 2023, these presentations included: Port City United, HOP, Safe Babies Court, Casey Family Programs, & Economic Services-Medicaid Expansion.
CAC, Law Enforcement, DA, Health Dept.,RAMS, hospital
Case 1 = Lack of supervision; a two-year old child ingested CBD gummies by accident; and the CCPT members determined that better packaging and regulation of this substance would help deter accidental ingestion of this product by children. Also, parent education about storing medications safety is needed. Case 2 = Domestic violence, parental substance abuse, supervision, and injurious environment (dirty house) are the primary issues. The parents are deaf, and the team was apprised about difficulties agencies experience when a sign language interpreter is needed. Case 3 = Substance abuse and lack of appropriate supervision -- This involved a one parent household. Parental compliance was a concern while addressing

identified issues. Case 4 = Human trafficking and dependency on a pregnant child from Guatemala -- Human trafficking was not proven, but efforts are being made to return her to her mother in Guatemala. Unfortunately, the child also had a miscarriage. Case 5 -- Inappropriate discipline between mother and son -- Referrals made to help with both to address conflict.
Child Welfare Collaboration event held at DSS, Law Enforcement, schools, Trillium, Mental Agencies, EMS and Health Department and GAL
Children having access to drugs (legal and illegal), lack of supervision by the caretakers and untreated severe mental illness of a caretaker.
children's mental health, parenting, parent's mental health, truancy
Co-sleeping; parents sleeping in the bed with their infants. Children, mostly toddlers, being exposed to substances in the home - several cases where young children have ingested THC gummies, and two cases where toddlers have touched or come in contact with Fentanyl.
Collaboration amongst community partners to get a better understanding of services
Collaboration and cross training occurred with agencies represented on our CCPT.. In April 2023, the group discussed as a whole the need for more safe sleep education. The suggestion was made to provide onsies to new mothers that serve as a reminder to use the back to sleep method. Additionally a suggestion was made to contact Huggies Diapers to encourage them to put a safe sleep slogan on their diapers instead of cartoon character. Discussions were also held this year around how the county could use the opioid settlement money received.
Collaboration with Smart Start to address service gaps in the community around childcare needs.
Concerns for parental mental health & SUD, housing insecurity, youth with dual diagnoses and difficulty accessing services/placements for them.
Difficult for parents to obtain substance abuse treatment locally. Difficulty with parents remaining compliant with substance abuse and mental health treatment. No one to complete parenting evaluations locally.
domestic violence and alcohol use
Domestic Violence and substance use has been a trend that we have noticed in the active cases
Domestic Violence, Substance Abuse and Mental Health Issues.
drug exposure, over medicating the child and safe sleep
Drugs, increasing severity in physical abuse cases
Families are sometimes not aware of services or supports in their neighborhood due to it being more isolated and impoverished
Fatality only cases: mental health support, unsafe sleep, social determinants of health, substance abuse, suicide prevention, medication (Abilify) affects.
I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
Impaired parenting, aka child is in an unsafe sleep environment due to drug use. In our view, this is the number one area where the state needs to take further action. Unsecured firearms were another one.
In one fatality we reviewed, the parents had discussed getting an abortion when found out pregnant but didn't pursue it because they couldn't afford it. They did not react appropriately to the infant's normal behavior (i.e., crying). Uncertain whether they knew what to do or acted out of malice. -In another fatality, the family moved from county to county in NC to avoid DSS investigation. Lodging facility staff did not report suspected child abuse/neglect despite

cleaning the family's room and, on at least one occasion just days prior to the child's death, seeing a very emaciated, ill-appearing child. -Lack of appropriate treatment options for children with eating disorders who have Medicaid. -Parent not accepting that they have a substance use disorder and not making changes to reduce the risk to their children.

It is evidently not DSS procedure that a child born in a family where the other children are under investigation for CAN or already removed, that the new child's situation isn't automatically reviewed by DSS. Also, when a family has been identified as abusing or neglecting their children due to SA involvement, the treating agency should not just rely on the clients self-reporting. Assessments need to be based on more.

Lack of available quality mental health, substance abuse, and peer support services.

Lack of child care

Lack of Affordable Housing

Lack of Transportation

Lack Family engagement in services

Lack of mental health resources during a time in which mental health is severe and persistent. Difficulty for parents and relatives to access intensive mental health services for their children. Dealing with complex cases in which children have IDD, behavioral, and medical conditions that limit available residential settings for them to get the services that they need. More families "homeless" and have nowhere stable to live. No affordable housing in Haywood County that is available.

Lack of overall knowledge of reporting requirements to include family members, neighbors, law enforcement, and parents. Breakdown of reporting for regular reporters specifically related to hospitals when infants are born substance affected. Lack of education and treatment options for parents who have substance use disorder specifically targeting fentanyl. Lack of notification at birth results in lack of follow up services i.e. CMARC, CPS, etc. Inconsistency regarding safe sleep practice and information over the years. Barriers for Spanish speaking individuals causing transfer of care related issues.

Lack of parental knowledge.

Lack of prenatal care, willingness to seek prenatal care, language barriers.

Lack of supervision; firearms not being properly secured

Limited or ineffective mental health and substance abuse services for children and adults - community members have difficulty accessing services due to the amount of local providers, and there are concerns that providers do not provide services as they are designed and marketed, resulting in ineffective delivery and poor outcomes; more supportive post adoptive education/communication is needed to prevent dissolution of adoptions and children re-enter custody language and cultural barriers in which there are not enough services that cater towards specific cultural groups that may require a cultural understanding to be effective (such as cultures that do not trust or buy in to MH services); lack of adequate and readily accessible translation services, particularly for more rare languages such as Sango; lack of adequate preparation and support services for successful integration for refugee families; Medication transformation has manifested challenges in accessing behavioral health services due to limited nature of standard plans vs direct Medicaid; transition time of children coming into care can delay service initiation because of the switch from standard to direct plans; lack of appropriate therapeutic placements for children with mental health needs as well as providers not being held accountable to accept children into their program is tailored to serve because they don't "fit their current

milleu"; lack of adequate foster homes for placement of children; substance abuse of parents is involved in nearly all of the neglect cases we examined and undertreated mental health was also involved in many of these

meeting regularly to review process and goals

Mental Health Issues - kids and parents Substance Misuse - parents Developmental and Cognitive Delays

Mental health of both the caregiver and children.

Mental health/substance abuse issues and domestic violence in relation to the parent, lack of placement options for children with mental health/behavioral needs.

Most cases involved the caretakers using drugs

N/A

N/A

n/a

N/A

N/A

N/A

n/a

N/A

N/A

new mothers with new Borns substance abuse and co-sleeping

New parents not receiving proper education and training on how to install and use car seats. Missing CMARC services. Lack of resources to conduct drug screenings on open CPS cases. Lack of education and resources to encourage the use of bicycle helmets.

No fatalities reviewed

Active cases: substance abuse and lack of treatment

Often present stuck cases in order to identify resources to assist families from providers attending the meeting

One or both parents had unresolved or untreated mental health issues and/or substance abuse issues. One or both parents were unable to care for the child/children due to these issues. Proper housing, food and a lack of stability were noted in this case due to the mental health and substance abuse issues.

Our CCPT team has not been reviewing fatalities or near fatalities. We have been developing an understanding of agency roles in the community. We have been discussing undisciplined juveniles and building stronger relationships to handle displaced juveniles.

Our team collaborated with UNC [LOCATION] and Sparc to provide education to the community about safe sleep practices. And the dangers of infants being born substance affected. An UNC [LOCATION] along with [COUNTY NAME] County DSS and CCPT team held a booth at a community event to provide education on safe sleep and provide information to the community on services.

Our team discussed the trend of families that had previous CPS history having another case open within 12 months of the last case closing. We also discussed that the allegations are often the same, or worse, when a new case is open.

parental substance abuse; untreated mental health; non-compliance or follow through to access services; increased violence among older youth

Parental substance use disorder is complex, and many treatment barriers exist. As a result, many parents do not receive treatment. Children often receive mental health diagnoses and treatment that does not assess and account for their history of childhood trauma. Children's educational concerns are often unaddressed when other social determinants of health are compromised. Many children do not receive continuity of medical or behavioral health care, often resulting in diagnoses and treatment that do not reflect a comprehensive assessment of their current

situation and needs. CPS Assessments are often complicated when a family has recurrent reports of child maltreatment and can lead to a high degree of variability in decision-making. Child welfare professionals would benefit from more training and guidance. Family history of maltreatment is one of the most useful means of assessing future risk for maltreatment and is often underused by many child welfare practitioners because history can't be changed.   In North Carolina, everyone is a mandated reporter of suspected abuse or neglect. While well intentioned, studies suggest universal mandated reporting and anonymous reporting create unique challenges for child welfare practitioners, increasing the volume of unsubstantiated investigations and diverting limited resources away from children in imminent danger. NCDSS is conducting a feasibility study for the development of a centralized intake and online reporting system for non-emergencies to increase consistency, streamline the intake process, and address some of the common barriers to reporting among professionals. The team supports this effort and recommends NCDSS explore opportunities to link data from multiple sources to better capture indicators of child maltreatment so to improve the ability of child welfare staff to identify at-risk families and more accurately prioritize their response to maltreatment.   New allegations of maltreatment are often made du
Parents substance abuse and physical/verbal altercations occurring in front of the children as a result of financial issues/stressors within the home.
Parents/caretakers not providing the child with the necessities to prevent maltreatment, such as necessary equipment to check blood sugar levels at school/home. Another trend was the need for Trauma Focused Therapy and appropriate CME Services.
prevalence of fentanyl use and/or fentanyl in other substances - need for substance abuse services for youth - need for Medicaid expansion to assist with meeting parents' needs when DSS assumes custody - need for expansion of programs for perpetrators of domestic violence - need more placement options for children with significant behavioral or mental health needs
prenatal conditions
prevention services would have helped in some of the incidences.
Provided trainings in collaboration with community agencies and worked together for a community protocol
Safe Child, [COUNTY NAME] County Dept of Juvenile Justice, [COUNTY NAME] County Publics schools, Alliance, [CITY] PD, [CITY] PD, [CITY] PD and surrounding counties to asses safety and risk of children.
Safe sleep was an issue. Although parents had appropriate sleep arrangement for the baby, they would often co-sleep. Baby was propped up on a pillow on a mattress and mother left for reported 8-12 minutes.   He was found face down on pillow, not breathing, when she returned.   Multiple DV incidents. Father was carrying 1 month old child and intentionally hit her head on door knob. She was found to have 4-5 broken bones, eyes so full of blood her retinas could not be seen. Substantiated neglect and abuse on both parents. Father was on probation for abuse of another child which caused brain bleed and fractures.
safe sleep, access to illegal drugs, drug treatment, mental health.
substance abuse by parents
Substance Abuse, Domestic Violence, Lack of Care
Substance misuse by parents to include 1 substance affected infant, untreated and or under treated mental health of parents and children, domestic violence b/w parents, lack of child development knowledge,

sexual abuse by mother's boyfriend, belief in harsh discipline, absent parent(s), criminal involvement of parents, prior child protective services history. Services need to be available immediately when a crisis occurs.

Substance Use among youth, Polysubstance among youth that required DSS involvement.

The lack of effective policies, laws and services to address older youth with mental health, behavioral, and violent behaviors was a frequent finding. These teenagers are often in need of residential treatment such as level III group homes, PRTF programs, or residential programs within the juvenile justice system. there are not enough of these programs to meet the need and often times providers are selective in admitting children, leaving out those with the most need. The lack of these services often bring teenagers into the child welfare system because their parents have not been able to obtain appropriate services and problems have escalated within the home. The lack of effective programs to address perpetrators of domestic violence, and the lack of capacity within the juvenile justice system to address delinquent behaviors were also frequently found.

The team & DSS collaborated to bring awareness of sexual abuse and stigma related to mental health & substance misuse. The trainings are to raise awareness of the problems and promote early intervention by increasing community knowledge and skills.

The team collaborated to fulfill gaps in the community, i.e. car seats and installation, smoke alarms and lock boxes for fire arms/ammunition and medicine, Care Management through CCNC to take the place of CMARC (since CMARC not offered in our county).

The team collaborates with outsides agencies, School SW, and etc.

The team did not identify any trends or specific findings.

The team was a part of the local radio show to make the community aware of safe sleep. The team partnered with Kribs for Kids to provide Cribs for families. The team also partnered with local law enforcement to discuss safe sleep and awareness.

Therapy, parenting classes, substance abuse treatment.

There was substance abuse by the parents in both cases. Both cases the parents had a history of substance misuse in the home.

There were no case reviews for this criteria.

There were no fatalities where abuse or neglect was suspected reviewed. Trends with active cases were consistent with years past with substance use, mental/behavioral health and lack of parenting/life skills being the main contributors to neglect. There is a greater trend of youth struggling with more acute behavioral/ mental health needs.

There were no fatality cases reviewed this year as a result of abuse or neglect.

There were no trends, all cases were different on their own

There were not active cases reviewed or fatality cases reviewed that resulted in abuse or neglect.

There were parents who were struggling with mental health challenges, drug/alcohol abuse, and some poverty issues.

Trends of mental health issues and behavior issues with teens that refuse mental health care and behaviors are uncontrollable.

Untreated mental health concerns

We collaborated with Center for Safer Schools. These programs offer the SHINE and SEED program for middle and high school students. The students will complete activities that will develop their leadership skills; understanding healthy relationship/boundaries; how to engage safely with social media and internet; how to make good decisions; and importance of community engagement. The reason for this

collaboration is due to the lack of programs in [COUNTY NAME] County for students to get involve in community engagement, leadership skills, etc.
We collaborated with schools and MH to be able to reach a broader audience
when child fatality review completed they were neonatal birth defects
1-2) severe neglect, medical neglect, malnourished, involved 2 siblings who had severe health issues, hard to find appropriate placements, 1 has since passed away while in our care as a now adult ward, 3) 4 y/o male with level 3 autism, nonverbal, very difficult to place and find appropriate treatments/therapies 4) 14 y/o female, JJ involvement, concerns of sex trafficking, difficult to find therapies/treatment/services 5) 10 month old female, closed skull fracture, hard to get records from hospital, sought feedback from CCPT specialists on team

Case Recommendations

Accountability in Mental Health and Substance Abuse Services

Advocating to the state/ mental health system for access to better quality mental/behavioral health services for both youth and adults, access to placements for children with acute behavioral/mental health needs.
Drug test mother of child more often. As condition of pretrial release or probation, include hair follicle testing of mother.
Hold mental health and substance abuse providers accountable to providing the level of quality services they are contracted by insurance providers to provide
Improved access to quality MH/SU treatment, improve access to residential care for youth with dual diagnoses.
Increase in mental health services are needed in the community to address substance abuse and other counseling related needs.
Increase options and reduce barriers for individuals to access treatment for substance use disorder.
increase the capacity of providers, and number of providers in rural areas to address MH and SA.
Increased mental health services for trauma specifically for parents.
The team did discuss advocating with legislation to provide more support for mental services and therapeutic placements for children in crises. A team member has openly discussed this need with local representative.
There need to be more treatment options for children with eating disorders who have Medicaid. DSS worker to connect with LME/MCO care manager about specialty needs staffing

Community Collaboration and Support

Build a bridge/ establish a better partnership with the school and LE regarding when to alert DSS and our role with families
collaborate with other systems to help identify resources; sharing of information
community education for substance misuse
Continue to work with the LME on services for the children and have the parents/relatives reach out to VAYA, if their children have Medicaid. Social workers are having to guide the parents and relatives through the process.
Continue to work with Trillium regarding the need for Trauma Focused Therapy and continue to have conversations with the State regarding CME options.
continue with community promotion from local medical providers

Explored community and surrounding counties resources available to children and caregivers.
For the NCDHHS and the mental health MCO's to work in partnership to provide enough additional residential treatment programs (Level III and PRTF) so that youth needing these services can quickly be admitted when the need arises, and to develop residential treatment programs for quickly and safely providing services for youth with AGGRESIVE behaviors. Increasing the capacity for the Department of Juvenile Justice to partner in meeting these needs is urgently needed. The development of effective programs to address perpetrators of domestic violence is also needed.
Local birthing hospital should revert to requiring parents of newborns to watch a video on the Period of Purple Crying as a condition of hospital discharge post-delivery.
more community awareness with the dangers of co-sleeping and impaired co-sleeping.
More community awareness, accessibility and willingness to seek prenatal care.
Ongoing collaboration and meeting with local refugee settlement programs to address concerns of inadequate preparation and support both pre and post settlement Re-implement care reviews with local LME
Increased education and communication for post-adoptive families so that they know where to turn to when they struggle with behavioral and adjustment issues at different developmental stages
providing additional information to the team as to agencies' involvement
Public education about the hazards associated with CBD gummies and children needed.
Recommend being in close contact with MCO regarding needing services.
Participate in community meetings to voice concerns about needed services. If parents can get needed services more likely hood reducing number of reports received.
The team has been working on relationships with each other. There were frustrations from school social workers regarding the way CPS handles truancy, CPS struggles with understanding how DJJ handles undiscipline juveniles. The school was also frustrated with DJJ. DJJ and CPS trying to understand how the medical providers handle IVCs. SROs have been learning more from DJJ and CPS and discussing how juveniles are gang related and growing in the county. We have been learning each other's policies better to keep from pointing fingers and starting to come up with solutions.
Work with other community resources that may be in the area and to engage them in reaching out to families not aware of what is available and how to access these, including churches and faith based programs, recreation programs, schools and law enforcement support programs.

Education and Support for Families

[COUNTY NAME] County CCPT and CFPT, in partnership with local healthcare providers, should explore the feasibility of developing a list of resources, along with eligibility criteria and up-to-date contact information, which can be made publicly available to individuals and families within the community. Recent legislation in North Carolina made contraception available without a prescription[COUNTY NAME] County is implementing a mobile health clinic and adopting a “No Wrong Door” approach to ensure people can access information across many public and private programs in Gaston County. The team applauds the community for their creative

approaches to increasing contraceptive access and reproductive health services within the community and recommends that these efforts continue. [COUNTY NAME] County CCPT and CFPT assembled a subcommittee to ….

Advocating for diaper manufacturers to display safe sleep reminders on diapers rather than cartoons, onsies provided to new parents that display reminders about safe sleep, increased referrals to SCPFC for parenting classes for parents of infants, hospitals to obtain dolls obtain dolls for the use of safe sleep discussions, overall continued education for safe sleep. This info was discussed among group members to take back to their individual agencies to make change/recommendations.

Agencies continue to try to educate the public of available resources or services to assist parents and children.

Applied for and received a grant to assist in purchased car seats for distribution and trained staff to educate parents on installation ongoing, in addition to a planned safety day event scheduled for 2024. [COUNTY NAME] signed up and enrolled in a pilot program with CCNC for eligible children and families to receive Care Management services in the absence of CMARC services. Received monies from a local church group to assist CPS in meeting needs of families and children where a budget doesn't exist, to include drug screening parents as needed. Received bicycle helmets to distribute to the community.

Available mental health in our area and more access to assistance for domestic violence.

Based on each individual recommendation - parenting classes, DV assistance, therapy and mental health evaluation

Better awareness of reporting of Domestic Violence, Substance Abuse treatment

Children born into families in the midst of current CAN investigation or action should automatically be assessed for risk 2- When parents found to have abused or neglected their children are referred to agencies for assessment these agencies should include in their assessment the parent's self report, but also clear and relevant drug testing, discussion with those involved with the family and any law enforcement interactions.

Educate on the importance of adult supervision, especially around firearms and education on firearm safety and security.

Educate Spanish Speaking populations on available resources

Encouraging extracurricular activities for youth with latch-key status, encouraging families to encourage youth activities.

Engaging families with young children with Headstart services to ensure educational, medical, behavioral and/or developmental needs are met. Engaging families with child care options such as Boys and Girls club, Rise and Shine Afterschool, Big Brother Big Sister, and child care centers to alleviate additional stressors in the home when school is out for the summer. DSS refer families to Vaya System of Care for family support and peer support partners. CCPT members and DSS collaborate with Smart Start to provide input around community needs and childcare challenges in the community. CCPT members and DSS social workers complete survey for Smart Start. CCPT members send out survey link within their organizations to complete for Smart Start.

expansion of family planning services and education regarding healthy relationships

Fatality only cases: Mental health support and services for schools with severe mental health concerns, identifying individuals to become certified in youth mental health first aid, discuss suicide prevention with school officials as young as elementary, implementing programs in school for

students with severe mental health students, bring in outside resource to look at suicide trends impacting our county, discuss with county leadership suicide trends, prevention and epidemic; adult escort/buddy system for students with history of mental health, school system to provide gun safety and buy back programs,

Identify resources for grief counseling in the county.

Increase Education through our Drug Endangered Family Taskforce Onsight Therapist CCPT support Child Advocacy Center

Linking families to resources Exploring family support Having resource information readily available

More education and support to families who are attempting to navigate a complicated and confusing behavioral health system within various insurance networks.

More education by the county and state on the dangers of children having access to drugs (legal and illegal) and supervision education offered by the county and state (more handouts to share with families provided by the state)

More intentional referral services for teens who overdose on substances based upon a teen who died from a fentanyl overdose who had a prior overdose documented that didn't rise to the level of CPS involvement. So, referrals for children who overdose when EMS responds to an overdose. Continued discussions re: safe sleep education in the community during meetings, but no specific strategies. Discussed reconvening a safe sleep subcommittee to look at trends for unsafe sleep deaths in Catawba Co., specifically what materials are being provided by hospitals and pediatric offices to try to develop materials that are consistent. Also discussed the need for a campaign in Catawba Co. re: unsafe sleep education that provides information on what could happen (i.e., death) if a child is sleeping in an unsafe environment.

More services are needed to help the deaf population.

Never leave a baby lying on pillow, unsupervised, for even a minute. Father was not incarcerated although he had previously abused another of his children in 2019

Nutrition education, mentors for children, referrals for intensive in-home services, discussions with Trillium for available services when families have or do not have insurance, services available for veterans

Our team utilizes the Safe Sleep information provided by DHHS as well as one on one verbal education by programs such as Baby Love, as well as during prenatal visits. We are working on getting educational information regarding the risk of children ingesting illegal substances such as gummies. This information will be shared with parents during prenatal visits, ongoing routine pediatric visits, and through the CMARC program.

Our team, as well as Child Protective Services at the Department, are working diligently to ensure that families are receiving and participating in all services that are available to them when they have an active case. Our CPS unit now has weekly meetings on this and are reviewing cases to see if additional services are needed.

Parenting classes, drug treatment programs and abuse awareness and education

Parents seek out services sooner from different providers (DSS, churches, safe space, food bank, Vaya) to help eliminate or minimize stressors de to financial restraints.

Provide education and training about the prevalence of fentanyl. - Provide access to Naloxone and fentanyl test strips - Increase services for youth to include substance abuse - Increase in placement options for youth with high levels of need - Expansion of services for perpetrators of domestic violence

Provide referrals for one or both parents for mental health treatment and substance abuse treatment. Provide Triple P to both parents regardless of findings, ensure child/children have Medicaid, food, daycare or after school care. Offer parents assistance with stable housing and assist parents in finding suitable stable work.
providing safe sleep information to families with infant children, social workers document safe sleep practices & take pictures before leaving the home. Provide baby boxes or pack & plays to families. As part of the HRSA grant all families assessed at initiation by the social worker by using CAGE aid.
Recommendations for ongoing services, contact with community agencies to locate possible placement for children with mental health/behavioral issues, recommendations for court involvement.
Recommended looking into having researched additional services for the families and encouraging to sign up for Medicaid transportation to assist with getting to service providers.
Refer families to the homeless shelter in Haywood if there is availability; however, some families are not willing to do this.
Refer them to services within the agency or housing authority.
Referrals for services, continued outreach for communities
regular doctor visits, Mental health and substance abuse referrals
Safe sleep has been a trend that the team has discussed and addressed with education to the community and with community partners on combating the education of practices of safe sleep.
Set up a meeting with the appropriate family, school staff to ensure that blood sugar levels are checked at school etc. Educate the parents on what supplies are needed and the importance of having those supplies. Assist parents in advocating for the children at school.
smoke detectors, car seats, lock boxes, sending families to the proper resources in our community.
substance abuse education
Support military outreach programs as well.
The NC Division of Social Services should consider creating a statewide phone number for reporting of suspected child abuse, neglect, dependency, and sex trafficking.
The team recommended more involvement with outreach activities.
Therapy was recommended mostly for the four cases that were reviewed from January thru December 2023.
We mostly provided information on services, placements, ideas and options for all.
We need the state to either or both: 1) work with the Conference of DAs in order to determine stricter punishment for parents who use drugs and have a fatality and/or 2) provide better public education with a plan that is required (not voluntary) for families who are struggling with addiction. It would also be helpful if a drug positive baby was an automatic in home services referral for monitoring because a law existed that said drug use is impact. Period.

Policy Changes and Funding

[COUNTY NAME] County DSS has developed an internal form to document a family's CPS history and should consider developing an internal policy outlining procedures for completing this form and ensuring history is considered in case decisions. NCDSS is currently redesigning its training programs to ensure knowledge is being transferred into practice. The Team recommends the subject of additional allegations on open cases be specifically addressed during pre-service and embedded

in ongoing training. NCDSS should further consider enhanced practice guidance on this topic. [COUNTY NAME] County DHHS – Public Health is encouraged to explore ways to maximize the NCCARE360 network to advance local public health initiatives within the community. In 2019, NCDHHS published a guide titled, “Maximizing the NCCARE360 Network to Advance the Public’s Health: A Guide for NC Local Health Departments,” which may be useful in this effort.
fund programing to empower young girls, and the Wise Guys program, need quality assessments, address stigma of MH & SA
Funding for services substance misuse, mental health
One of the challenges with the current structure is that everyone is working hard to tackle some of these issues but we lack capacity to take a step back to make recommendations and plan for how to implement and fund solutions.
State outreach efforts on mandated reporting requirements in NC. Campaign
The Board of Commissioners should consider allocating SFY25 funds for the development and implementation of an evidence-based voluntary nurse home visiting program for all county families with newborns.
The NC Division of Social Services should consider seeking a revision to NC General Statute that would enable CPS staff to use the central registry of DSS involvement at time of intake

Professional Development and Training

[COUNTY NAME] Co. DSS and [COUNTY NAME] County Public Schools update the ESSA contract to include specific roles/obligations/funding related to transportation for children in foster care when out placed out of district.
DHHS to develop targeted training and education on fentanyl use and working with parent(s) and caretaker(s) that use fentanyl.
Provide continue trainings to hospitals on reporting requirements. Educate on CMARC program.
NCDSS continue child welfare reform, including updates to policy, training, and practice guidance. [COUNTY NAME] County DSS should ensure all child welfare staff participate in the newly developed “Assessing for Safety and Risk” webinars
The NC Division of Social Services should develop and share a training program for managers and staff in the hospitality industry (food service and lodging) about mandatory reporting of suspected child abuse, neglect, dependency, and sex trafficking

No Case Review Recommendations

I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
N/A
N/A
N/A
n/a
N/A
N/A
N/A
n/a
N/A
N/A
NA
NA
None
There is not much we as a team can do with those cases. Left it for the DSS agency to decide.

Service Strategies

Collaboration and Engagement with Stakeholders

Recommended the social worker connect with LME/MCO case manager for specialty needs staffing.
A lot of open discussion to inform the local mental health providers of the need and encouraging communication and partnership to look at solutions and alternative to remove barriers. One collaboration discussed with the team was on ongoing meeting with providers and DSS and how that has created a forum to provide discuss ways to get needed services to the clients
Advocate to other agencies to improve service needs
advocated to County Leaders
Communicated with the LME regarding needs of the community, some members joined the system of care group.
Compile list of services that assist Trillium contact number
Connected with LME/MCO, identified providers/services in other cities/states, connecting with private agencies
Continue to work with LME on needed MH services.
Conversations with local LME's and community resources.
support from LME/care management
Discussed lack of providers for MH services in our county. Discussed issues of multiple LME/MCO's over the past 5 years and how that is changing again.
Discussion with our local MCO to discuss services
Stronger integration of the work Safe Kids [COUNTY NAME] with DSS.
partnering for health access, additional resources for intepreters
Partnership with local Latinx-serving programs to enhance communication and service delivery to Spanish-speaking individuals. Collaboration with Partners Health Management, the local Controlled Substances Coalition, the opioid settlement team, and local service providers to explore expanding local substance use disorder services for youth. Partnership with local EMS agency to ensure Narcan is available to youth and their families who are at risk of overdose. Partnership with DSS to provide safe sleep education and resources to families served by organizations across the County.
purposeful sharing of information and collaboration regarding available resources and access to care; there are so many other 'teams' meeting to address systemic issues that crossover and are beneficial to CCPT discussions/reviews.
Learning to communicate with other community partners to better understand services available
LME/MCO, Trillium is invited to attend the meetings and assist with strategies for gaps. The local team as a whole will brainstorm and troubleshoot the barriers to services during each meeting.
Mental Health and Substance Abuse treatment programs are very limited due to shortage of clinicians. Community is working together to help bridge a lot of those gaps within the system currently [COUNTY NAME] County has merged with [COUNTY NAME] County Daymark to help bridge a lot of those gaps.
Mental Health Task force meeting with community providers and LME/MCO; monthly staffing with local MH providers to address gaps
multiple staffings and offer suggestions or make phone calls to support
Reviewed community resources available in our county and surrounding areas with DSS,

Health Department, School personnel, and Medical providers.
Scan the community for supports (churches, alternative transportation sources, partner with DSS on eligibility for Medicaid or other insurance (military, special needs), distribute pamphlets and other resource documents in the community through partnerships with other groups
School now has an afterschool program that allows school aged children enrolled to stay after school until 6:00 pm.
Strategies were not developed during our meetings. However, members of CCPT that are workers from the Department of Social Services worked together in Child Welfare to overcome barriers such as connecting families with public transportation.
Team partners to include DSS are attempting to recruit providers to practice in the community by offering office space, partnering with other agencies to sponsor local trainings such as QPR, Mental Health Adult & Youth First Aid, Darkness to Light, sponsoring the Innovative Approaches program through Polk HHSA, and the county is developing a CAC.
The local team did not develop specific strategies to address these gaps. The team works more as a multidisciplinary team, sharing resources, program information, and policy updates across agencies to close or remove gaps in care and services.
Thorough review and research of records in school system and within DSS.
CCPT members and DSS collaborate with Smart Start to provide input around community needs and childcare challenges in the community. CCPT members and DSS social workers complete survey for Smart Start. CCPT members send out survey link within their organizations to complete for Smart Start.
We included more community partners in the conversation on how to meet the needs of the community.
We share resource information with each other during our meetings and take that information back to our agencies to be shared with the public.
We had two fentanyl taskforce meetings with a multi-disciplinary team in 2023 to discuss how to reduce child fatalities in our county. Partners present were from law enforcement, social services, community prevention services, mental health and public health. After the two meetings the decision was made to hold off on future meetings and to hand the information over to the opioid liaison who was hired.
Continued discussions re: safe sleep education in the community during meetings, but no specific strategies.

Resource Referrals and Utilization

County provided naloxone and fentanyl test trip training to social workers. These items were also disseminated to staff to give to families. - County identified another program (virtual) for DV perpetrators.
A major issue is transportation with the next most difficult barrier is lack of insurance to cover the needed services. If absent parents need services, they likely do not have insurance coverage. If a parent works they are likely not eligible for Medicaid. These are eligibility issues which cannot be easily corrected. Lack of transportation is mostly linked to poverty. We do have non emergency Medicaid transportation services but there are many younger parents that do not want to take advantage of it.
Continue to advocate for additional providers locally. Assist families by providing all available resources. Social workers try to obtain additional resources when needed.
Continue to educate parents on needed services and continue to advocate to the

State and Trillium about the needed services for the youth and their parents.
Continue to explore recruiting for foster parents and mental health avenues for mental health issues for those that are experiencing mental health issues.
Make referrals to Headstart for childcare.
continue with outreach and making resources available
Direct service referrals, drug court access, Healthy Opportunities Pilot (HOP), access to respite while seek residential/higher level of care, encourage use of alternative placements (ie Tarheel Challenge, Job Corp)
Discussions of promoting telehealth services for families with reduced access to transportation and health services.
Community events to provide exposure of available services to families and youth.
Considering a youth focused event to encourage extracurricular involvement.
Health Department periodically reviews available resources and maintains a list for individuals related to mental/behavioral health care needs.
helping families access the services that are available in our area or in near by areas.
. Safe Kids has provided gun locks, safe sleep items, etc. to be distributed to families.
DSS is involved in local group supporting the needs of LGBTQ+ youth (there was also representation from the schools and public health prior to this year but DSS is now added).
It has been discussed that child care and housing is a major issue in the county. Daycares are full and not accepting enrollment. We have been promoting for families to develop support networks
Seek resources to assist in these areas
Referrals to mental health providers, referrals for parenting
Request care reviews with local LMEs
Engaging families with young children with Headstart services to ensure educational, medical, behavioral and/or developmental needs are met. Engaging families with child care options such as Boys and Girls club, Rise and Shine afterschool, Big Brother Big Sister, and child care centers to alleviate additional stressors in the home when school is out for the summer. DSS refer families to Vaya System of Care for family support and peer support partners.
Utilized reunification funds to assist with a parent's psychological
We encourage all parents/caretakers to apply for Medicaid to access available mental health services.
We provided resources and made referrals.
We try to find resources in the county.

Policy and Program Development

Based on the recommendations from the local CCPT over the past two years, our County Commissioners and Human Services Director have worked together to bring a new residential mental health provider to our county
The county is rural, so funding is needed for services in the county.
Implementation of the Strong Fathers (batterers intervention program). There has not been a program available locally in the last 5+ years
No strategy was developed within the team, only information sharing/collaberation among group members. For example, an Eastpointe representative educated the group on Tailored Care Management and how this will assist with behavioral health issues or IDD, physical health, mental health and wellness. The program is set to get 100 new care managers and new programs to assist with housing and transportation.
[COUNTY NAME] Co. DSS and [COUNTY NAME] County Public Schools update the ESSA contract to include specific

roles/obligations/funding related to transportation for children in foster care when out placed out of district.
We always advocate for more assistance with our House reps and our Senate Rep, Paul Newton.

Community Education and Awareness

Brainstormed and provided information on untapped resources that are new to the area and encouraged the use of medical transportation
Educating the community partners regarding resources, connecting families to resources to overcome barriers, continuing work with EIT and TEAM LED.
Discussed the need to get the word out and promote available resources in the community by sharing handouts at churches, pediatricians, child care facilities, etc.
Education on available resources and education on lack of resources and discussions of how to close the gaps, resulting in closing the gaps on some needs.
Non-profits coming together to unite resources versus dispersing, in an attempt to meet community needs (not directly initiated by the team, but team members participating).
Education to services with families.
Planning for a community based education campaign related to child abuse prevention and Parents Bill of Rights (PBOR placed limitations on existing child abuse education and prevention provided in the elementary schools and team is planning for how to ensure that this education still reaches children and parents)
Provided education, provided resources, increased Child Family Team involvement, increased community network to provide information regarding abuse, neglect and dependency.
Providing trainings and webinars. Providing outside county resources that we don't provide in our area.
Public education to increase awareness was determined to be a need in the community.
to continue to educate the community on available services in the community by speaking on the local radio station and making people aware through social media.
We provided outreach to alert community memebers of the available resources.

No Strategies

I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
N/A
N/A
N/A-There were no case reviews for criteria
No reviews occurred in 2023
None

Local Policy

(Local) Mandatory safe sleep training for all child welfare staff and foster parents.
Abused or neglected children without placement staying in the DSS building
Adhere to policy
car wreck - not resulting in any policy changes
CPS policy, Policy for the role of GALs.
CW Assessments and Parent rights
DSS Follow the child welfare policy regarding child fatalities
Following Substance Effected Infant & Safe Sleep policies
Internal Safe Sleep Policy
Mandatory reporting when any concerns of abuse neglect or dependency
More Education on the dangers of leaving substances accessible to children

n/a
n/a
N/A
n/a
N/A
N/A-There were no case reviews for criteria
NA
NA
No
No
No changes
no reviews occurred in 2023
None
None
none
none
N/a
N/A
n/a
n/a
None Identified
none noted
None.
Reducing case size for staff as the numbers are too high for the amount of workers in the agency
safety planning
staffing with CCPT
Substance Abuse
Team members are to research their agency for applicable information on the case being reviewed

Local Procedure

[County name] County DSS(ACDSS) will adhere to the instructions in the NC CW Policy on CPS Assessments Documentation Tool (DSS-5010) and refer to "Understanding S.E.E.M.A.P.S" section.
Abused or neglected children without placement staying in the DSS offices with two social workers 24/7
All children in the home are identified as victim children
Assessments of Sub use should include more than self report
car wreck - not resulting in any procedure changes
Collaborate with community partners, share information.
complete a thorough safety assessment and recommened services that will make the home safe
Court scheduling and timeliness of hearings, ESSA Contract Updates
Cross-County; TSP; non-offending parent
Encourage reporting by speaking within community educating on reporting
keeping families informed on what is going on in the case.
LME
Local birthing hospital should revert to requiring parents of newborns to watch a video on the Period of Purple Crying as a condition of hospital discharge post-delivery.
n/a
n/a
N/A
n/a
N/A
n/a
n/a
N/A
N/A-There were no case reviews for criteria
NA
NA
No
No changes
none
None
none
Observed Screenings, SA assessments and implementation, and UDS
Our child welfare staff are required to show a video to parents of children below age one/disabled children as well as take pictures of the sleeping area.

probation counselors to provide more involvment with teens with criminal and behavior activities
Referrals for substance misuse through the HRSA Grant
Response times, follow up visits, communication with parents, child and family team meetings.
Social workers and Supervisor to ensure adherence to policy
Team members receive a review sheet from the Review Coordinator and asked to complete as
The need for additional training to better identify true domestic violence (power and control in an intimate relationship) situations.
we will seek approval to staff a case with CCPT
Weekly meetings with Alliance Health to discuss children in foster care with placement needs / high level of needs
Work with local hospital to ensure reporting after discharge for substance affected infants.

Local Practice

A CPS report was made and an assessment was conducted.
Abused or neglected children without placement confined to the DSS building with no access to mental health accessments
ACDSS Child Welfare Leadership should ensure that the S.E.E.M.A.P.S process is completed and documented as part of the case narrative.
ACDSS Child Welfare Leadership will consult with their Regional Child Welfare Consultant when additional assistance is needed in the form of training or refresher regarding the S.E.E.M.A.P.S. process.
announced and unannounced home visits, provide education/information to families, have families demonstrate positives that are learned.
At this time Daymark is no longer observing UDS which is a concern. There is a shortage of clinicians therefore patients are not receiving one on one assessments
Better notification of DV to local DSS from county partners. Better notification of suicide threats to hospitals from MH providers
car wreck - not resulting in any practice changes
CCPT will review and make an recommendation
Collaborate with community partners, share information.
Collaboration among teams that work with youth that include all members of CCPT and CFPT.
Continue to provide education within the community
County government to explore the potential for universal home-visiting program for all families with newborns in the county.
Diving deeper to the root cause
Exploration of Community Health workers
Front loading essential services when identified
Get rid of the good old boy environment in the sheriffs office
In several reviews, the child welfare team was struggling to identify effective strategies to engage parent in SUD treatment. Most other practice recommendations were case specific (e.g. consider a referral for a 504 plan for a child, modifying a therapy schedule to include an adult sister in treatment)
insuring effective, thorough and updated communication between agencies re: case status, expectations, and case closure.
LME
make sure Supervisors and Social Worker's are familiar with all the available resources

within the community so they can share with families.
MH for teens that would enhance involvement by the teenage children
n/a
n/a
N/A
n/a
N/A
n/a
n/a
N/A
N/A-There were no case reviews for criteria
Na
Need to ensure basic information on the case is provided and member follows through with their research and submits in a timely manner.
Needed training on safe substance use specific to fentanyl
No
none
None
None
Outreach about Medicaid expansion, training and access to naloxone and fentanyl test strips
Re-evaluating supervisory oversight even through staff shortages.
Regular, consistent, and thorough supervision, in addition to team trainings.
Safe Sleep education
Safe sleep education has become mandatory for all infants.
sharing additional information from agencies
We haven't discussed cases during the CCPT at this time.

Well Local

A new residential mental health provider is being brought to our county.
All worked well. Lack of resources at the local level seems to be the issue.
CAC
Collaborating with each other and sharing information during CCPT/CFPT meetings.
Developing relationships with law enforcement, school systems, health department so we can work together to keep the citizens in our community as safe as possible.
Collaborating with other agencies such as law enforcement, health department, medical staff, and family collaterals.
Collaboration between agencies
Collaboration in this county and utilization of resources to its fullest extent is what works well here. We are very solution focused.
Collaboration with community partners, the ability to communicate and work together to meet the needs of the community.
Communication and collaboration of community partners to work as a team to ensure safety of all children in the community.
Continue to emphasize the need for the entire community/network to prioritize safe sleep education.
Daymarks old policy with observed drug screen was more accurate and ensured parents were following through with Daymarks policy. Daymark also prior to COVID had more one on one sessions with clinicians which helped build rapport with the clients.
Did not review active cases
Education/presentations with local school administration and staff around how to identify abuse, neglect, and/or dependency and the procedure for reporting - i.e. what information to have ready when making a report.
Embedded Vaya case manager Partnership with community partners to address family needs Commitment of DSS staff for

children in custody (face to face visits - 100%) Increase in foster homes available in the community Partnership with private agencies and leveled placements providers Collaboration with LE on cases involving criminal prosecution DSS willingness to work with parents DSS staff advocating for parents and holding them accountable DSS and GAL Relationships Kinship provider and caregiver support
Family resources, parent education, in home social workers.
Frontloading the services has helped the families and has prevented possible removal guidelines and policy when completing assessments and mandates for CCPT
Had a Suicide prevention summit. Was well received and attended
Having and keeping a master list in house of available resources that workers have access to that they can update and change as needed to be able to share with the families they work with.
Haywood HHSA has been utilizing Youth Villages on a regular basis to complete assessments on children. This has been helpful to understand what services the child needs. Youth Villages has been very accommodating.
I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
Implementation of the Regional Abuse and Medical Specialist in this area. One of our team members is part of this team. New programs developed to provide resources and supports to families (Family Connects)- enhanced hospital based and home based services and resources available to the military families that offer more support than can be done locally and the mandates for families to cooperate to ensure safety of children with consequences that could
Sharing of data, staff and resources across the community- inclusion and engagement of not just agencies but key community leaders, stakeholders, families and the military, sharing of successes as well as areas needing enhancement; purchase of materials (hands on, publicity, media, be implemented to support following model.
we now have a practice that DSS takes pictures in all homes/settings where unsafe sleep has contributed to the death of the child. These are used in the investigation to detail what was present but also to educate parents and others who may have a pack in play etc, but are not using it in a way to support safe sleep. Having these graphic illustrations has worked well
Information sharing across practice areas.
It has been helpful to have the extra layer of photos of sleeping spaces and more close review of families with children under one/disabled children.
local law enforcement and DSS do collaborate on cases
Most of the representative agencies participate. Of six meetings scheduled we met four times. Reasons for cancellations included no cases to review, and some continued COVID interruptions/outbreaks in the community.
N/A
n/a
N/A
N/A
N/A
n/a
n/a
NA
No local policies, procedures and practices identified, but DSS works well with Law Enforcement.
no reviews occurred in 2023
none
Not discussed
not exactly certain what is meant by 'state' vs. local child protection system.... from a county perspective undergoing workforce/staffing issues for various reasons - partnership with local university offering

BSW and participates w/ CWEC has been a positive practice. Supporting our workforce is essential for policy implementation, procedures followed, and practice delivery.
Ongoing meetings with all the local mental providers on a monthly basis has helped find necessary solutions and provides educations among the providers
only follow state policies
Open discussion and dialogue with community partners. EMS assisted with training DSS staff on Naloxone and fentanyl test strips. County level support in financing the access to Naloxone and fentanyl test trips.
Our HRSA referrals, Child Welfare & CMARC communication
providing outreach to include education/information, frequent home visits
Researched criminal and CPS history to find prior abuse.
Same as above.
Same as above. More specifically, having the time to get different departments together to discuss important cases, topics, etc. This gives our local team the ability to make recommendations locally. One example of this is last year, we were able to purchase carseats for low income families as this was a need locally.
The agency has participated group staffing's, developed genograms and completed agency court determination meetings.
The local MDT works well together and hosted an in-service for DSS, law enforcement, and other community partners.
Public Health and DSS partner every year to write a media release about child abuse prevention. DSS has started hosting a community wide poverty simulation, the first of which was held in November with great attendance. Chatham County has a health equity grant to improve birth outcomes for moms/babies and a community wide convening was held in spring 2023. The Sheriff's Partnership to prevent opioid misuse meets regularly. The opioid coordinator is providing community training on Narcan administration. The partnership has begun to address transportation challenges in accessing treatment. DSS is working to improve the quality and frequency of family time. A series of workshops were held in the spring for DSS social workers. A temporary transportation aide has been hired using Vaya sub-capitation funds (with a second position planned in 2024) to increase access. DSS child welfare leadership team participated in a three day equity training with NC DHHS in spring 2023.
The SW's did their best with following agency policy/procedure with the limited staff. They went above and beyond to make sure requirements were met. They are doing their best not to burn out but with high numbers 'inevitable.
The team continued to meet as scheduled this year. Virtual meetings and email meetings were held when necessary.
We find that our opportunity and ability to network with one another regarding program practice and availability strengthens our ability to provide services to clients, many of which engage with multiple agencies. In addition, we learn more about services and programs that are afforded outside our agencies to which we can refer clients.
We have a great team who communicates well. We have developed good relationships and share openly at our meetings.

State Policy

Abused or neglected children without placement staying in the DSS building or at the emergency room
additional training

Border agreement with South Carolina for sharing of CPS history during an open CPS case.
car wreck - not resulting in any poilicy changes
Children's services - Prevention
clearer intake policy in alignment with a state-wide practice model as well as policy that is accurately integrated with the CWIS
CMARC referrals at intake per policy
Contact with the family
Engagement of mental health system with child welfare to have mutual beneficial relationship.
Genetic testing among siblings, increase mental health prevention methods in school setting. Increase mental health resources for inpatient for youth throughout state. More accountability for LME/MCO.
Jurisdiction and Cross County Policies need to be more clear
Make quarterly reports available to local programs in a timely manner.
mandates of counties to complete courtesy and conflict cases
n/a
n/a
n/a
N/A
N/A
n/a
n/a
N/A
N/A-There were no case reviews for criteria
NA
NA
NC DSS should consider updating the Standardized Documentation template(DSS-5010) to include the parents grade level along with any educational challenges.
NC to reinstate public mental health in all the counties
No
No
no reviews occurred in 2023
none
None
none
none
Policies are needed to help develop services for youth with significant needs -- behavioral, mental health, and substance use. There is a gap in services since family foster homes cannot handle these children and DJJ does not have sufficient authority to manage their behaviors.
Rapid Response Team
Review new births into families under DSS investigation
Safety Planning
Substance Abuse
Substance affected infant
Temporary Safe Provider Policy could be enhanced. The policy could be simplified
The laws regarding teenagers with aggressive or criminal behaviors are not sufficient
The NC Division of Social Services should consider seeking a revision to NC General Statute that would enable CPS staff to use the central registry of DSS involvement at time of intake.
The state was contacted
Tougher restrictions on substance sales (THC Gummies).
we needed an ME's office

State Procedure

Abused or neglected children without placement staying in the DSS office with two social workers 24/7 or at the hospital emergency room
Availability of placements for teens to address behavioral and mental health need
Calling the Rapid Response Team when child is at and ER and needing placement
car wreck - not resulting in any procedure changes
CMARC referrals when service non-existent

Collaboration with state partners
LME/MCOs.
Communication, clearer policy around SAAI as the way the policy is written is risky and confusing. The changes in SAAI policy has worsened the consistency across counties and put infants at risk.
complete initial contacts and ongoing contacts with the family
Contacting bordering counties to assist when needed
Counties should be notified when children that county has custody of are living in another county
In order for case to be accepted, parent has to have behaviors of concern regarding how the child is cared for.
n/a
N/A
n/a
N/A
n/a
N/A
N/A
N/A
n/a
n/a
N/A
N/A-There were no case reviews for criteria
NA
NA
Need an easier method of reporting for common reporters.
No
No change
no reviews occurred in 2023
none
None
none
none
Notify local staff when information is ready and how it will be distributed
permitted? if so, within what boundaries?
Rapid Response
Screening Criteria
Stricter regulations on "smoke shops" to ensure they are following laws.
The child was still born and did not identify as a child fatality
The NC Division of Social Services should consider creating a statewide phone number for reporting of suspected child abuse, neglect, dependency, and sex trafficking.

State Practice

ability for counties to offer Prevention Services in advance of protection or CPS
Abused or neglected children without placement confined to the DSS building with no access to mental health assessments
Additional residential treatment capacity is needed
additional resources for prevention services
An assessment was completed to identify the father of the child
Better training around Suicide prevention and threats. DV threats
car wreck - not resulting in any practice changes
Complete Plan of Safe Care with the family
Confusion over why the huge paradigm shift in screening reports on substance affected infants.
Develop educational materials regarding the harm access to and consumption of controlled substances can cause children.
Discuss concerns with CQI director
Increase accountability.
lack of state-wide practice model
Make referrals as required, but also make referrals to CCNC
More co-located programs for families (inpatient programs for families) across the state, More placement options for youth with significant needs
More serious consequences for child abusers.

n/a
n/a
N/A
N/A
n/a
n/a
N/A
N/A-There were no case reviews for criteria
Na
NA
NC Department of Public Instructions should consider implementing an evidence base curriculum required to be taught on educational premises starting at the earliest level and continuing thru graduation. This curriculum will include but not limited to the following life skills; Good decision making, Coping Skills, Healthy Communication, Emotional and Behavioral Management, Self-Care o Budget Management, Social Skills, Any other basic level skills to ensure success.
New policy states we have to observe the direct affects on the child before we can screen in for substance affected infant. Positive toxicology report is not reason enough to screen in for substance affected infant. The concerns is THC has been know to increase the risk of SIDs yet most children do not show withdrawal symptoms with THC.
No
No change
no reviews occurred in 2023
none
None
none
Partnership between state and county when dealing with youth who require levelled placements or frequent disruptions, support for kinship providers, limited training opportunities for DSS staff offered by the state (ex: TIPSMAPP Trainer), Inconsistent messaging about roll out of new launches/initiatives from state partners (CWIS intake tool, workload study, regionalization), inconsistency of CW practices from county to county, post adoption services, rate for parent attorneys in DSS court, recruitment and retention of foster parents
Provide access to information and notify DSS if there are problems or delays
PSAs/education on safe sleep to the general public/substance use providers aimed at ALL caretakers and all generations
SAAI policy as many more cases are screened out now, putting infants at greater risk of harm.
State needs to be available 24/7 for questions or advice
State needs to develop training specific to fentanyl use and deploy statewide for county DSS staff.
State to support Child Advocacy Centers to provide services to clients of DSS so appropriate services can be provided to the families
The NC Division of Social Services should develop and share a training program for managers and staff in the hospitality industry (food service and lodging) about mandatory reporting of suspected child abuse, neglect, dependency, and sex trafficking.
There is little response or guidance provided by the team. No help in resolving placement issues or help with communication needs with local ER.
use contacts to properly assess the safety of the family and children
we now have a ME's office
none

Well State

Applying policy
At this time all seem to be working well and any areas noted are immediately addressed.
RAMS teams developed through the State and local partnership are very effective.
Child and Family Team meetings are helpful in identified additional safety concerns or resources that are available.
CPS screening policy
Did not review active cases
DNA testing was completed to identify the father of the child.
Due to the timing, the impact has not been seen yet, but we are hopeful that Medicaid Expansion and increased reimbursements to Medicaid mental health providers will be positive.
Get assistance from director
Having contact with the entire family and collaterals help getting a more accurate account to what is going on and the services that the family needs.
I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
I liked the old substance affected infant policy the new one prevents CPS involvement whereas before a positive drug screen on an infant was reason enough for an assessment.
implementation and support for kinship care (paid)
It was recognized that the NCDHHS-DSS is making continued improvements with state policies, and enhanced technology, to improve child welfare in the State of NC.
Movement to Statewide case management system.
N/A
n/a
N/A
n/a
N/A
N/A
N/A
n/a
N/A
n/a
N/A-There were no case reviews for criteria
NA
no issues with state level
no reviews occurred in 2023
None
None were identified by the CCPT team during the case reviews.
None. We have recommendations on what did not work well.
Not discussed
Our team did not review state policies, procedures, or practices this year. The webinar on parental engagement was helpful.
Policies around who participates in reviews. Helpful to have everyone at the table that can discuss, contribute and facilitate change.
RAMS
RAMS
RAMs
Revamping of questions at intake around behaviors of concern regarding SAI versus screening in every SAI.
Safe Sleep & Substance Effected Infants. Great revision of Substance Effected Infants policy.
Screening procedures for CPS reports work well, safety assessments for CPS work well, ability for law enforcement to press charges works well.
State tax credits, child care vouchers, family resources, and parent education.
The Plan of Safe Care when infants are born with substances in there system. It challenges parents to think deeper into how they are going to care for their children if they are going to continue to use substances.
There were no issues with the State level policies, procedures or practices. All worked well.
Unlicensed kinship care stipend initiative that launched November 2023 Licensure

requirements (children in the home)
Increased room and board payment rate for foster homes
Updates to the substance abuse affected infant policies.
We need appropriate placement options for foster children after neglect or abuse has been substantiated. We need DHSR to revamp some of their policies so our state is able to provide good treatment service

Recommendations

Training and Education

A representative from the State Level to come and speak to the team to emphasize the need and encourage participation.
Additional information on CCPT trainings or events.
Additional training for LE
Additional trainings for schools
Annual ongoing CCPT Training
Community training and hands on technical assistance not just for DSS for other
Educating the community of policy change
Formalized Training
Handouts regarding safe sleep and suicide prevention do not appear to work.
in person training
increase available trainings to staff to educate them on policy and pratice
Increased education regarding reporting concerns
ongoing training and support from state
Parenting Classes
Provide annual training/education for all members
Provide eductional material to share with the public on the dangers of leaving substances accessible to children.
Regular trainings
State training or hands on support and observation at CCPT meetings to facilitate
Training
Training for CCPT team
training for members
Training from the state on expectations of CCPT
Training of how to best implement identified improvements locally and available funding to do so.
Trainings on trends, etc.

Community Awareness and Collaboration

A policy to have all members of the recommended team to have a representative every meeting
Attend community meetings to be knowledgeable of new providers
Better equip your state staff with info that local DSS's need to continue essential duties. State staff should be the most knowledgeable in the room and more often that not that is not our experience.
Clear and concise tools so that all 100 counties practice the same procedures
Close the gap between what DJJ can do to address children's behaviors and what ends up falling on DSS to manage due to child's high needs.
Coming more often to meetings and participating to assist with better facilitation and recommendations
Communicate on a deeper level with other state departments (mental health, courts, DAAS, DHSR, etc)
communication between providers and workers
community partners
consider separating from CFPT - having standalone CCPT mtgs
Continue to work closely with local LME and local providers to address gaps in services for minors with mental health issues
Distribution of materials on what works, what does not and what other communities are doing to address similar issues

Encourage survey responses and feedback to promote necessary systemic change.
Establish a system for all 50 states to share CPS history to see if there is a pattern of neglect/abuse
Inclusion of information in the behavioral health world using resources and supports of LME/MCOs not just in our area but also surrounding counties as populations tend to cross over counties requently
incorporate legislative updates in meetings
Increase awareness of dangers associated with CBD gummies and children
Make the community more aware especially during child abuse awareness month
More Collaboration
More community resources based on substance abuse, mental health, and domestic violence.
more help to allow discussion of Sub use issues
More support from LME/MCO for children with high acuity psychiatric needs
Promote transparent and timely communication from state partners to county departments that explains the why and incorporates feedback from county staff.
Provide the community with brochures about child abuse, neglect & dependency
provide the Dept. of Juvenile Justice with the resources needed to be effective
Public awareness - PSA's about drugs, safe sleep, care seat safety
Regional CCPT meetings to collaborate with other counties to hear what other counties are doing.
Set up a website to educate the community about child abuse, neglect & dependency
To combine CCPT and CFPT as one entity

Advocating for Policy and practice change

assist facilities in becoming QRTPs
Clearer, more efficient policy and gain more input from counties before revamping policy
Emergency Departments should not be the holding place for these children/youth.
Ensure that Medicaid standard plans are supporting families when these situations arise.
Implementation of state-wide Child Welfare practice model in ALL 100 counties with support for all 100 counties
Immediate implementation of the Loving Home legislation waiving capacity requirements for eligible family foster homes
Implementation of a CWIS system that fully supports child welfare staff in their mission without data entry overcomplications
Gun laws
More accountability for parents in court for truancy issues
Provide guidance for appropriate recommendations
Provide local CCPTs with more structured guidance (e.g., manual) so we better understand what we should be doing. Could model it off what the state provided for CFPTs.
Provide updated policy or suggestions for supporting CCPT members
purposeful and action oriented agenda
Quicker turnaround time on conducting intensive reviews and sharing the final reports.
revisit purpose and mission
State supervision should be available 24/7
Suggestions/Recommendations
Technical Assistance from State offices
The CPRs to have to do a quarterly visit to see what we do and how we function.
The state needs to be more encouraging of DSS sending cases to CCPTs for staffing and review.
The state needs to review the new policy of sending screen outs to prevention.
There are several other meetings (e.g., multi-disciplinary team meetings) that our

county's DSS staff facilitate with community partners related to review of cases of child abuse, neglect, and dependency that likely do a better job carrying out the role of a CCPT. The state should look at expanding what can count as a CCPT. As a combined team in a county with nearly 30 child fatalities a year and many becoming more complicated due to youth mental health & substance use issues, we have a hard time getting through our required fatality reviews, let alone finding time to conduct CCPT reviews.
Uniform monthly report of CCPT data/information that can be auto compiled via website survey like this or Child Welfare Workforce data.
Updated domestic violence assessment and stricter screening for substance affected infants.
updated manual

Funding Support

Adequate Funding
Any financial assistance to help with educational materials about services.
finding solutions for lack of placements for difficult to serve youth
Fund kinship support programming, specifically for kin who are caring for children with higher behavioral health needs so that they can remain with family.
Funding
Funding available to encourage participation of key stakeholders who can offer unique insight in CCPT meetings
Funding available to support CCPT initiatives
funding for case specific reporting
Funding for DSS Social Workers
Funding for prevention programs and education. Campaign to highlight state's definition of safe discipline
Funding for service provision of MH/SA/IDD services
Funding to assist with resources (Placements for children with behavior issues and or MH issues
Funding to DSS for staffing and programing
Funding to establish interventions or programs
funding to offer materials when needed to educate community
funding to offer stipends for attendance
Funds to allow for CCPT to hold events once or twice a year to educate the community.
Increased funding for local teams
Insurance funding to create a larger impact on the community
More funding
More funding
More funding to DSSs
More staff at DSS to work the amount of cases they get coming in.
more state help in team functioning
More support or funding for access to better quality mental health and substance use services offered for adults, especially those with no insurance
Provide funding to assist in public education efforts.
Provide funds for teams so we can feed the participates to increasee buy in.
Provide more finances to smaller counties to help with resources
Support/funding for quality preventative services especially services that are based in the home
Workers needs pay raises. The work is hard and getting harder

Improving Services and Resources

[…]greater support for access to appropriate placements for high acuity children with behavioral/mental health/IDD issues

A domestic violence shelter is needed in the community.

Access to better specific services

additional residential and PRTF resources

Address the increase of substance abuse in the community.

Advocate for increased availability of resources to meet the needs of complex families (placement disruptions, therapeutic placements, mental health services, substance abuse services, recovery services, child care services, peer support services, DSS staff reimbursement rates, etc…).

Advocate for more domestic violence resources, prevention.

Advocate for more substance use resources in the community.

Advocate more for better mental health services in the community.

Continued support for displaced children with mental health issues

Continued support for families of substance affective children.

Death certificates to be returned faster to identify trends or areas of impact

Encourage families to utilize resources

Enhance current support from the state concerning CCPT meetings.

Enhancement and expansion of options for youth with high levels of placement needs.

Expand/fast track prevention services both for foster care prevention as well as broader child abuse and neglect efforts.

Fast track solutions for children who are struggling with unmet mental health needs including children with violent/assaultive behaviors. Parents should not be reported to child protection because they cannot locate appropriate behavioral health treatment for their children, or they are afraid for the safety of their other children (or themselves).

Increase in co-located treatment for families (inpatient treatment for families).

increase providers in the community, as to not delay services to families.

Increased access to inpatient and emergency placements for high risk youth.

Mental health treatment services in the county

Money to help with those services.

more appropriate placement options for foster children

More available mental health resources for caregivers and children

more mental health providers

More opportunites for families to receive mental health services

more providers for mental health services

More providers for drug dependency services providers

More Resources

More resources for rural counties

More resources to treat Mental Health and prevent Substance Abuse, through public health.

more services for low income parents who don't have insurance

Need more options for emergency placements for undiscipline juveniles

provide incentives to attract providers of effective programs to address domestic violence perpetrators, and those with problematic sexualized behaviors

Provide more resources for early intervention, possibly through schools, daycares, and/or primary care providers.

providing prevention services and funding for families

Providing state resources

Quicker access to Level II and Level IV facilities

resources

Resources of transportation for rural counties

Safe Sleep (cribs, pack-n-play)

School based therapist in every school.

Seek out more sources for cases that involve habitual substance. Example - families that have repeat maltreatment due to substance use
Substance abuse treatment services in the county
Support for displaced children without foster homes.
Support for medical examiners/toxicology to complete timely reviews for child fatalities so that results can be sure timely

No recommendations

n/a
n/a
n/a
N/A
n/a
n/a
N/A
NA
no reviews occurred in 2023
no reviews occurred in 2023
no reviews occurred in 2023
N/A
none
None
none
none
none
None at this time.
nothing else
Number of child fatalities does not allow for CCPT reviews to be completed.

Technical Training Topics

A plan for hard data collection across the counties and a database of child fatalities.
additional training on expectations of CCPT
Adolescent mental health and substance abuse
An overview of the system
Any mental health training.
basic overview training
Basic training on duties of CCPT'
best practices from teams statewide
CCPT 101
Co-sleeping and breaking tradition
Creative initiatives around NC
Drug exposed infants
effective CCPT's
Explain the process of collecting survey Response and how that informs recommendations to NCDSS
Handling mental health crisis of juveniles - collaboration from medical, mental health, school social workers, CPS and DJJ
How can CCPT members help the local CPS team be more successful?
How can we access funding to implement identified changes at a local level?
How other counties conduct CCPT?
How to be creative in topics and discussions during meetings.
How to best implement identified changes needed at a local level to enhance protection - what does that process look like?
How to engage families
How to engage our judicial staff
How to get a full team. My team lacks people to fill every position
How to prevent the continuous rise in youth having access to controlled substances.
input needed from team members in asking questions about cases
Medical aspects
Mental health services - helping children engage in services
More education provided to the group regarding how to best contribute and participate in the case reviews.
New Process for CCPT/CFPT
new research into seizure caused " SUD"
none
none
none

None
None
none
None
None
none
none
none
none
none
None
none
None
none
None
None
none
none
None
none
None
None
None
none
none
none
none
None
none
None
None
None identified at this time.
not sure
Overview of the CFSR and the specific role that CCPT members play
Prevention/Outreach Services in Child Welfare: Before CPS
Purpose of CCPT and role of each member
Reporting
Resources
Rules for having a combined CCPT/CFPT
Safe Sleep Campaigns
Safe sleep.
Sharing of successes and needs for enhancement across county and area lines- have partnerships of staff and community leaders ines
Smoking during pregnancy campaigns
Specific purpose of CCPT.
State requirements and criteria for conducting CCPT
State to conduct training for teams and all new members on the statutory requirements of CCPT and CRP, specifically so counties are aware of whether they are meeting the requirements for case reviews that should be completed
Strategies for incorporating equity work into your CCPT.
Substance use/fentanyl exposure
Support for families struggling to participate in services.
Team member roles, who should attend meetings, recomendations and selection of appropriate cases
The CFPT Summit in March 2023 was very helpful. Infant Death Review & Prevention Strategies/Investigation Pitfalls, Disguised Dangers/Toxicology, , Firearm Safety
Training for all CPS Staff on what CCPT is.
Training on how to properly run a CCPT Meeting for new staff
training on topics and discussion topics in meetings
Training regarding how to identify and implement solutions to the needs that have been identified by the CCPT needs
Training specific for SW's as far as how to select cases, how to present, and what questions to ask the group.
Typical reveiw process
unsure
Updated CCPT Manual/guide
We are a team that have lost pertinent members in the last three years and are rebuilding.
What can we do outside of CCPT Reviews (ie County Success Stories)?
What is considered a Near Fatality by state definition
what is expected of CCPT members

Youth Suicide and Youth Mental Health

Youth suicide prevention

Racial/Ethnic Challenges

Language and Cultural Barriers

Communication / language barriers
Breaking or working through traditions
Cross generational/cross cultural differences in regards to mental health care and safe sleep practices.
Cultural understanding of Hispanic population.
Discussed language barriers and transfer of care issues for our Spanish speaking population.
Language barrier and lack of Spanish-speaking medical/mental health providers and lack of facilities with Spanish-speaking staff.
Language barriers Not sure that the strategies that are used are culturally sensitive
Cultural differences with Arabic families.
Language barriers
There have been conversations around the trend of grandparents taking children in with needs and the cultural aspect of closed nit families and maintaining children within the family.
Reviewed cases where there were language barriers.
We have completed discussions regarding the children who are benefitting from the education system and the children who are not attending school. - DJJ/SROs have discussed gang members being more diverse and recruitment is more diverse.
We have not noted any at this time. But we have discussed this as a team
We recently started looking at these areas in more depth- need more work in this area- look to faith based and social groups that address specific racial and cultural differences- get involved in specific cultural events and ask for guidance and involvement so we can facilitate increase in awareness and what works

Imbalance in Reporting, Resources and Services

A disproportion of reports are representing brown/black children. Higher reporting from impoverished neighborhoods.
access to services vary, language barriers, fear of systems
Lack of available resources.
Individuals of different socioeconomic status may see fentanyl overdoses/addiction differently. There is a lack of education in NC about what to look for as symptoms/warning signs, how to help someone who is addicted to fentanyl and where to seek help.
Lack of access to services in part due to language barriers, and funding (ie not eligible for Medicaid coverage).
Lack of interpreters for our spanish speaking families.
Limited translation for the specific dialect by a translator as well as education.
Sometime individuals want to hold people to their higher standard of living or way of life and not understand the struggle of individuals that are poor or disenfranchised.
There has been discussion of access to services in a family's native language.
There is a growing refugee population in [COUNTY NAME] county and surrounding areas that are not adequately supported or prepared for success at living within our culture once resettled. This has led to multiple protective services reports, including removal of children. This is devastating on the local and state system's resources as well as the families that escape one bad situation, only to enter into another bad situation because they are not

understanding of cultural norms here that coincide with abuse/neglect laws; or do not have the adequate life skills and resources to navigate their new environment and provide for basic needs. This leads to further trauma for the children and family. More realistic, intensive, long term and ongoing support is needed for refugee families to be truly successful and reduce neglect/abuse cases

No Specific Discussion

I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
N/A
N/A
n/a
N/A
N/A
N/A
N/A
n/a
N/A
N/A
n/a
N/A
N/A
n/a
N/A
N/A
No
no
no
No issues were identified by the team relating to racial and cultural equity.
No issues were identified that related to racial or cultural equity.
No specific issues have been identified by the team.
No.
none
none
none
none
None
none
None
None
none
none
none
None
None identified
None identified
None were identified.
None.
Our cases reviewed did not have any issues identified.
Racial or cultural issues where rarely addressed.
The topic has not been discussed
There were not about racial and cultural equity
This has come up often in suicide cases.
unknown
yes - these are mentioned occasionally however the systemic effects are rarely discussed even though acknowledged

Racial/Ethnic Strategies

Addressing Language and Cultural Barriers

Use of Latinx resources.
Utilized language lines and interpreters that are available
Utilizing interpreter's Talking with families to understand why they are not willing to adapt to change.
Although we do purchase and distribute materials in different languages, etc. need to find out from those who receive these
Education to remind agencies accepting federal funding of their obligation to provide translation services.
provided access to interpreters

Health Department assisting in providing education and resources with bilingual staff.
Locating and speaking with interpreters in the community
In the case reviewed, the father's support system was mostly Spanish speaking but his child did not speak Spanish. The child was already placed in a Spanish speaking foster home and the foster mother was working to teach the child Spanish.

Our School Nurse of the team helps to identify barriers due to her ethnicity & community collaboration.
Sharing language services utilized by team members.
PSAs, training specific to different racial/cultural backgrounds and generations with regards to mental health treatment and infant safe sleep.
Team members were encouraged to have an open mind and not hold families to their personal standard

Addressing Imbalances in Resources and Services

Education, more collaboration with law enforcement, better tracking methods for active CPS cases.
Every agency discusses trying to educate and prevent juveniles from dropping out and promoting strong role models in the community through mentors and the SROs discuss building relationships to get inside information and spend time with children vulnerable to be recruited in gangs.
What was helpful and how we can do a better job- ask to participate in community events different social and cultural groups are sponsoring- help obtain financial resource we can offer to partner with (foundations in the community)
Awareness that families can be treated differently due to race and economic status and a critical thinking plan to keep that from getting in the path of child welfare.
discussed different services in our area, community involvement
Explored cultural sensitive services out of the county to locate resources for the family.

It was discussed in one of the case reviews about the change to providing kinship support through monetary payments. At the time that had not been fully implemented.
Ongoing education of local protection concerns and impact to the families and surrounding community is needed through meetings with local stakeholders and refugee settlement programs. More community resource support, including funding and hands life on skill support for these families, are needed. More affordable housing options and budget education need to be available for the families to be successful. State level resources, programs and interventions may be necessary as local communities are struggling to absorb the impacts of refugee support.
Parent discussed suicide prevention in teens. Community implemented counseling and "See Something, Say Something" app. All school staff have received educaton about signs of potential suicide
recommendations to obtain families to attend

No Specific Discussion

I am unsure, as I have only been involved with the local CCPT team for the past 4 months and have attended 1 meeting
N/A
N/A

n/a
N/A
N/A
N/A
N/A

N/A

n/a

N/A

N/A

n/a

N/A

N/A

N/A

n/a

n/a

N/A

N/A

N/A

N/A

NA

na

NA

NA

Need more training

No strategies have been identified; our team provides continuous outreach to all citizens in the community.

None

none

none

none

none

none

none

None

none

None Identified

none identified

None needed.

None specifically.

unknown

Additional Information

Funding to the counties to support local teams; having an identified CCPT Coordinator in the county who mirrors what Jadie does with the state would be helpful to keep momentum and serve as a child protection liaison with community partners and stakeholders with a constant and consistent focus on systemic issues.

It would be helpful to have a representative from the Dept. of Juvenile Justice (Juvenile Court Counselor) as a mandated member of the CCPT/CFPT team

It would be nice to know what questions we will be asked on next year's survey now so we can prepare accordingly.

It's challenging enough to get all required members to come and participate. We'd like to have that on a consistent basis before extending invitations to others.

It's difficult to get individuals that have lived an experience of a CPS assessment where child abuse, neglect, dependency or a child fatality to provide information to groups or teams.

N/A

N/A

n/a

N/A

N/A

n/a

N/A

n/a

N/A

N/A

n/a

N/A

n/a

N/A

NA

NA

None

None

none

None

none

None

none

none at this time

none at this time

none identified

nothing at this time

Training on other ethnic groups cultures, ie. Russians, Haitians, Ukrainians, etc.
Upon case specific discussions, the DSS director as well as PM and SWS provided information on DSS policy and how that impacted the case and dictated the steps taking to assure safety.
We are in the process of coordinating with Oasis to have them attend next CCPT to educate the community about domestic violence and domestic discord. Services they offer and how those services help victims of domestic violence.

We are in the process of re-starting our CCPT/CFPT combine team meetings. We will be going over the policy for both teams in an effort to enhance the review of cases, identifying services for families in our county, in an effort to prevent fatalities, and to strengthen families. We will look at training resources in an effort to strengthen our understanding of the CCPT/CFPT policy, procedures, practices, and our role within our community.

Appendix D: Copy of 2023 Survey

CCPT Survey 2023
2023 Survey North Carolina Community Child Protection Teams
Advisory Board

The NC CCPT Advisory Board is asking that all Community Child Protection Teams (CCPTs) in North Carolina complete this 2023 survey. The NC CCPT Advisory Board is responsible for conducting an end-of-year survey of local CCPTs and preparing a report to the North Carolina Division of Social Services (NC DSS). The state-level report is compiled from aggregated data without identifying individual team responses. This year, the Board and NC DSS will have access to individual county data which will allow for targeted support and communications to facilitate CCPTs' optimal functioning. The NC CCPT Advisory Board will make recommendations on how to improve public child welfare. NC DSS will write a response to the report.

The survey results assist local teams in preparing their annual reports to their county commissioners or tribal council and to their DSS. You can choose whether to complete the survey and can decide which questions to answer. The one exception is that local teams will be asked to provide the name of their county or Qualla Boundary. This makes it possible to track which CCPTs completed the survey and to acknowledge the participation of the specific local CCPT in the annual report. The survey responses are transmitted directly to the researcher, TBD, at North Carolina State University. De-identified findings may also be included in presentations, trainings, and publications.

The 2017 through 2022 Community Child Protection Team End of Year Reports including recommendations from the Advisory Board, are available through the links provided below.

Please follow this link to view past year's reports and responses.

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: Community Child Protection Team 2023 Survey (6430)
Principal Investigator: Dr. Anna Abate; acabate@ncsu.edu
What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate and to stop participating at any time without penalty. The purpose of this research study is to gain a better understanding of how to improve child welfare services across the state. We will do this through collecting survey data from local CCPTs regarding their functions and objectives. You are not guaranteed any personal benefits from being in this study. Research studies also may pose risks to those who participate. You may want to participate in this research because your CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment. You may not want to participate in this research because NC DSS and the NC CCPT Board will be able to connect your team to some survey answers.

In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State University Institutional Review Board office (contact information is noted below).

What is the purpose of this study?
The purpose of the study is to assist local CCPTs in preparing the annual reports to their county commissioners or tribal council and to the NC Division of Social Services. The North Carolina CCPT Advisory Board uses the survey results to prepare recommendations to the North Carolina Division of Social Services on improving public child welfare. The survey results also assist in providing local CCPTs with individualized support.

Am I eligible to be a participant in this study?
There will be potentially 101 participants in this study, representing all counties in North Carolina and the Qualla Boundary. The chairpersons of the CCPT in each county or Qualla Boundary will be sent a survey.
In order to be a participant in this study you must have been an active member of your local CCPT for the past year.
You cannot participate in this study if you are no longer a member of your CCPT.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to do all of the following: complete and submit the online survey.
The total amount of time that you will be filling in the survey is approximately 25 minutes. In preparation for filling in the survey, it is recommended that the local CCPT Chair meet with the team to discuss what responses to provide to the survey questions.

Risks and benefits
The local CCPTs are asked to identify by name their county or Qualla Boundary, and the responding CCPTs are listed in the end-of-year CCPT report that is shared with state and federal authorities and posted on a public website. In addition, the results may be shared in presentations, trainings, and publications. The responses of the local CCPT may identify that they made a particular answer. This risk is minimized because the NC CCPT Advisory Board and NC DSS will only use data identifying the local CCPT to inform what resources and support a particular CCPT might need to improve their functioning. The survey will indicate for which questions the Research Team will identify the local CCPT giving the response to the NC CCPT Advisory Board and NC DSS. All public facing reports will be in aggregate, which means that the responses of the individual CCPTs are combined together.
There are no direct benefits to your participation in the research. The indirect benefits are that your CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment.

Right to withdraw your participation
You can stop participating in this study at any time for any reason. In order to stop your participation, please refrain from submitting the survey. Any time before submitting the survey, you may choose to withdraw your consent and stop participating. If you choose to not submit your survey, results will not be included in analyses.

Confidentiality
The information in the study records will be kept confidential by the parties listed above to the full extent allowed by law. Data will be stored securely on an NC State University managed computer. Unless you give explicit permission to the contrary, no reference will be made in oral or written reports which could directly link you to the study. The responses of the local CCPT may indirectly identify that they made a particular answer due to other information shared with authorities.

Compensation
You will not receive anything for participating.

What if you have questions about this study?
If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the researcher, TBD, at Center for Family and Community Engagement, North Carolina State University, TBD.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State University IRB (Institutional Review Board) Office via email at irb-director@ncsu.edu or via phone at 1.919.515.8754. The IRB office helps participants if they have any issues regarding research activities.

You can also find out more information about research, why you would or would not want to be a research participant, questions to ask as a research participant, and more information about your rights by going to this website: http://go.ncsu.edu/research-participant

Consent to Participate
"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time before submitting the survey without penalty or loss of benefits to which I am otherwise entitled."

- **Yes**, you can now proceed to the next page.
- **No**, please contact Jadie Baldwin-Hamm at the NC Division of Social Services for technical assistance on completing the survey: email jadie.baldwin@dhhs.nc.gov. Once your questions are answered and you wish to take the survey, email ccpt_survey@ncsu.edu to receive a new link to the survey.

Instructions: When completing this survey, please remember the following:

1. This survey covers the work of your CCPT for the period January – December 2023.

2. Your survey responses must be submitted online (via Qualtrics). Do not submit paper copies to NC DSS or NC CCPT Advisory Board. As you work in your survey, your work will save automatically, and you can go back to edit or review at any time before you submit.

3. You can print a blank copy of this survey to review with your team, and you will be able to print a copy of your completed survey report when you finish the survey.
4. Your team members should have the opportunity to provide input and review responses before your survey is submitted. Please schedule your CCPT meeting so that your team has sufficient time to discuss the team's responses to the survey.
5. In addition to the CCPT meeting time, set aside approximately 25 minutes for filling in the team's responses on the survey.
6. For questions about the survey and keeping a copy for your records, contact the Research Team at ccpt_survey@ncsu.edu.
7. Please complete and submit the survey online (via Qualtrics) on or before **TBD**.

Note. The Research Team WILL provide 1) a list of CCPTs who completed the survey and 2) the corresponding data from the TA section (in blue) of this survey to the NC CCPT Advisory Board or NCDSS

Select your CCPT from the list below.

- Alamance
- Alexander
- Allegheny
- Anson
- Ashe
- Avery
- Beaufort
- Bertie
- Bladen
- Brunswick
- Buncombe
- Burke
- Cabarrus
- Caldwell
- Camden
- Carteret
- Caswell
- Catawba
- Chatham
- Cherokee
- Chowan
- Clay
- Cleveland
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Davidson
- Davie
- Duplin
- Durham
- Eastern Band of Cherokee Nation (Qualla Boundary)
- Edgecombe
- Forsyth
- Franklin
- Gaston
- Gates
- Graham
- Granville
- Greene
- Guilford
- Halifax
- Harnett
- Haywood
- Henderson
- Hertford
- Hoke
- Hyde
- Iredell
- Jackson
- Johnston
- Jones
- Lee
- Lenoir
- Lincoln
- Macon
- Madison
- Martin
- McDowell
- Mecklenburg
- Mitchell
- Montgomery
- Moore
- Nash
- New Hanover
- Northampton
- Onslow
- Orange
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Person
- Pitt
- Polk
- Randolph
- Richmond
- Robeson

- Rockingham
- Rowan
- Rutherford
- Sampson
- Scotland
- Stanly
- Stokes
- Surry
- Swain
- Transylvania
- Tyrrell
- Union
- Vance
- Wake
- Warren
- Washington
- Watauga
- Wayne
- Wilkes
- Wilson
- Yadkin
- Yancey

CCPT Operation

Who completed this survey? (Please do not provide any identifying information)

- The CCPT chair
- A designee of the CCPT chair
- The CCPT team as a whole
- A subgroup of the CCPT team
- Other ____

By state statute all counties are expected to have a CCPT. Some CCPTs are well established while others are just getting started or are starting up again.

Reminder: CCPTs review active cases in which abuse, neglect, or dependency is found and are responsible for cases in which "a child died as a result of suspected abuse or neglect, and 1. A report of abuse or neglect has been made about the child or the child's family to the county department of social services within the previous 12 months, or 2. The child or the child's family was a recipient of child protective services within the previous 12 months."

Which of the following statements best characterizes your CCPT?
(Meetings include both in person and virtual formats)

- Our team is not operating at all.
- Our team was not operating, but we recently reorganized
- Our team recently reorganized, but have not had any regular meetings
- We are an established team that does not meet regularly
- Our team recently reorganized and are having regular meetings
- We are an established team that meets regularly.
- Other ____

How often does your CCPT meet as a full team?

- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other

If your team has subcommittees, how often do subcommittees within your CCPT meet?

- We do not have subcommittees
- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other_______________________________

Some CCPTs combine their CCPT and Child Fatality Prevention Team (CFPT).

Which of the following applies to your CCPT?

- Separate CCPT and CFPT
- Combined CCPT and CFPT
- Other ____

Within the last two years, has your CCPT moved from:

- A separate to combined team
- A combined to separate team
- We have not changed the format of our CCPT within the last two years

CRP Function

Citizen Review Panels (CRPs) are charged with evaluating the extent to which the state is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan; examining the policies, practices, and procedures of the state and county child welfare agencies; reviewing child fatalities and near fatalities; and examining other criteria important to ensuring the protection of children. In the state of North Carolina, CCPTs are designated as CRPs.

As CCPTs, state statue require that teams meet together on a regular basis:

1. *to identify gaps and deficiencies in community resources which have impact on the incidence of abuse, neglect, or dependency*
2. *to advocate for system improvements and needed resources where gaps and deficiencies exist in the child protection system*
3. *to promote collaboration between agencies in the creation or improvement of resources for children as a result of their review of selected cases; and*
4. *to inform the county commissioners about actions needed to prevent or ameliorate child abuse, neglect, or dependency.*

What local activities has your team done to enhance maltreatment[4] prevention in your community? Check all that apply.

[4] Maltreatment includes abuse, neglect, and dependency.

- Education [*if selected, "Please provide more information on the education provided, including what topic and to whom"]*
- Collaboration [*if selected, "Please provide more information on the collaboration, including with whom the team collaborated and why"]*
- Reviewed maltreatment open or active cases (that were not near fatalities)
- Reviewed maltreatment near fatalities[5]
- Other ___________________________

[If "reviewed maltreatment open or active cases" is selected] **What is the total number of <u>active cases</u> in which abuse, neglect, or dependency was found did your CCPT review between January and December 2023?**

Number of cases reviewed __________

How many of these <u>active cases</u> entailed Substance Affected Infants[6]? *If zero, type 0.*

____

[*If "reviewed maltreatment near fatalities" is selected*] How many of these <u>active cases</u> entailed a near-fatality that did not result in a death/fatality? *If zero, type 0.*

____

How many fatality cases in which the fatality was suspected to have resulted from abuse or neglect did your team review? (Do not include those done through an Intensive Fatality Review)

_____

What were the overarching trends, findings, or conclusions your team identified when reviewing active or fatal cases in which abuse, neglect, or dependency was found? Please be specific when describing (i.e., include the *who*, *what*, *when*, and *where*).

____

____

Based on these trends, findings, or conclusions, what were your team's recommendations to help prevent or ameliorate child abuse, neglect, or dependency? Please be specific when

[5] According to NC General Statute § 7B-2902, a child maltreatment near fatality is "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment."

[6] An infant identified as a "substance affected infant" (SAI) is defined by: (1) An infant has a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standard. (2) The infant's mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth. (3) An infant that manifests clinically relevant drug or alcohol withdrawal. (4) An infant affected by FASD with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND). (5) An infant has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

providing the recommendation that your team made (i.e., include the *who*, *what*, *when*, and *where*)

____

____

Based on the cases your team reviewed in 2023, please rank the need of these services or resources for <u>children and/or youth</u> from MOST NEEDED to LEAST NEEDED.

- Mental Health (MH) services
- Intellectual/Developmental Disabilities (I/DD) services
- Substance Use Disorder (SUD) services
- Domestic Violence (DV) services
- Child Trafficking services
- Medical Assistance (Visual/Hearing Impairment/Physical Disability) services
- Language and Literacy Skills
- Housing Assistance
- Food Assistance
- Health Insurance
- Other _____________

Based on the cases your team reviewed in 2023, please rank the need of these services or resources for <u>parents or other caregivers</u> from MOST NEEDED to LEAST NEEDED.

- Mental Health (MH) services
- Intellectual/Developmental Disabilities (I/DD) services
- Substance Use Disorder (SUD) services
- Domestic Violence (DV) services
- Parenting Education/Childhood Developmental Knowledge
- Childcare
- Medical Assistance (Visual/hearing Impairment/Physical Disability)
- Language and Literacy Skills
- Housing Assistance
- Food Assistance
- Health Insurance
- Other ________________

In 2023, which of the following limitations prevented children, youth, and their parents or other caregivers from accessing needed services. Check all that apply.

- Language barriers
- Limited services or no available services
- Limited services for youth with dual diagnosis of mental health and substance use issues
- Limited services or youth with dual diagnosis of mental health and developmental disabilities
- Limited services for youth with dual diagnosis of mental health and domestic violence
- Limited transportation to services
- Limited community knowledge about available services
- Limited participation of MH/DD/SUD/DV providers at CFTs
- Limited child care
- Limited access to healthcare/no health insurance
- Limited finances

- Other 1 ____
- Other 2 ____

What strategies did your team develop to address any of these gaps in services and resources?

____

____

During active or fatal maltreatment reviews (active cases in which abuse, neglect, or dependency is found or fatalities suspected to have resulted from child abuse or neglect), what *policies, procedures, or practices* at the LOCAL LEVEL did you identify as in need of enhancement in the child protection system[7]?

- Policy ____
- Procedure ____
- Practice ____

During active or fatal maltreatment reviews (active cases in which abuse, neglect, or dependency is found or fatalities suspected to have resulted from child abuse or neglect), what policies, procedures, or practices at the STATE LEVEL did you identify as in need of enhancement in the child protection system?

- Policy ____
- Procedure ____
- Practice ____

What STATE level policies, procedures, and practices did you find worked well?

____

____

What policies, procedures, and practices of the LOCAL child protection system did you find worked well?

____

____

What positive changes has your community seen based on your CCPT operations?

____

Based on your 2023 case reviews, what do you wish North Carolina did differently to help support your CCPT to carry out its mandated function? Please provide your top three recommendations for improving prevention of child abuse, neglect, or dependency. In writing your recommendations, please be clear and specific (i.e., what specifically needs to be changed?) Please consider policy changes, program needs, or resources.

7 A collaborative community (local entities: schools, courts, MHS, etc) effort where everyone has a role in ensuring a child's protection.

- Recommendation 1 ____
- Recommendation 2 ____
- Recommendation 3 ____

Technical Assistance [NOT CONFIDENTIAL]

Have your team discussed or been educated about the Child Welfare trends in NC and the Nation?

- Yes
- No

Is your team aware of how NC has performed in Federal reviews (i.e., CFSR)?

- Yes
- No

Is your team aware of your county's performance on the CFSR?

- Yes
- No

How often has your team requested resources or assistance from NCDSS to enhance your team's function?

Never	Rarely	Occasionally	Frequently	Very Frequently
o	o	o	o	o

Did your team utilize any training and support provided by NCDSS to enhance your team's function?

- Yes
- No

What would help your CCPT better carry out child maltreatment case reviews? Please rank the areas of anticipated needs (regarding child maltreatment) for the next calendar.

- Training
- Data
- Support/resources from CCPT Advisory Board
- [Enter another option]
- [Enter another option]
- [Enter another option]

Please help us plan training for this next year by identifying specific topics your team would benefit from. One topic requested; additional appreciated. If none, please write "none."

____

____

Racial and Cultural Equity: *A racially and culturally equitable approach to child welfare is responsive to and invests in families and their communities with the result that children remain safely at home and their families are respected and supported in making and carrying out decisions for the care and well-being of their children.*

Has your team discussed issues of racial and cultural equity in child welfare?

- Yes
- No

While conducting your case reviews, what were the issues identified by the team relating to racial and cultural equity?

____

____

What strategies did your team identify to address these issues?

____

____

In 2023, other than mandatory members, did family or youth partners serve as members of your CCPT? This does not include the mandatory CFPT parent, if meeting as a combined team.

- Yes
- No

Did your team utilize any training and support offered by DSS concerning the engagement of individuals with lived experience?

- Yes
- No

Please use this space to provide any additional information you would like to communicate.

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